

PT35-D

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. \_\_\_\_\_

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>Cherokee</u>	<u>N 1/4 NE 1/4 SE 1/4</u>	<u>26</u>	<u>32</u>	<u>22</u> <u>EW</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>3600 NW 74th St. Columbus, KS - well located inside facility</u>																													
2	WATER WELL OWNER: <u>Chemex I</u>																												
	RR #, St. Address, Box #: <u>16 South Pennsylvania</u>		Board of Agriculture, Division of Water Resources																										
	City, State, ZIP Code: <u>Oklahoma, OK 73107</u>		Application Number: _____																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>17</u> ft.																									
<div style="text-align: center;">N</div> <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td style="width: 25%;">NW</td><td style="width: 25%;"></td><td style="width: 25%;">NE</td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>W</td><td></td><td style="text-align: center;">X</td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td><td></td></tr> <tr><td colspan="4" style="text-align: center;">S</td></tr> </table>		NW		NE						W		X	E					SW		SE		S				WELL'S STATIC WATER LEVEL _____ ft.		WELL WAS USED AS:  1 Domestic                      5 Public Water Supply                      9 Dewatering 2 Irrigation                    6 Oil Field Water Supply                  10 Monitoring Well 3 Feedlot                        7 Domestic (Lawn & Garden)            11 Injection Well 4 Industrial                    8 Air Conditioning                        12 Other _____	
		NW		NE																									
		W		X	E																								
SW		SE																											
S																													
Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u>																													
If yes, mo/day/yr sample was submitted _____																													
Water Well Disinfected: Yes _____ No <u>X</u>																													
5	TYPE OF BLANK CASING USED:																												
	1 Steel                      3 RMP (SR)                      5 Wrought                      7 Fiberglass                      9 Other (Specify below) 2 PVC                      4 ABS                          6 Asbestos-Cement            8 Concrete Tile																												
	Blank casing diameter <u>1</u> in.                      Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>All</u>																												
	Casing height above or below land surface <u>Flush</u> in.																												
6	GROUT PLUG MATERIAL:                      1 Neat cement                      2 Cement grout                      3 Bentonite                      4 Other _____																												
	Grout Plug Intervals: From <u>17</u> ft. to <u>2</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.																												
	What is the nearest source of possible contamination:																												
	1 Septic tank                      6 Seepage pit                      11 Fuel storage                      16 Other (specify below) 2 Sewer lines                      7 Pit privy                          12 Fertilizer storage <u>Explosive Facility</u> 3 Watertight sewer lines            8 Sewage lagoon                    13 Insecticide storage 4 Lateral lines                      9 Feedyard                          14 Abandoned water well 5 Cess pool                          10 Livestock pens                    15 Oil well/Gas well																												
	Direction from well? _____ How many feet? _____																												
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-8-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>710</u> This Water Well Record was completed on (mo/day/year) <u>5-2-08</u> under the business name of <u>Below Ground Surface</u> by (signature) <u>[Signature]</u>																												

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.