

WATER WELL PLUGGING RECORD Form WWC-5P

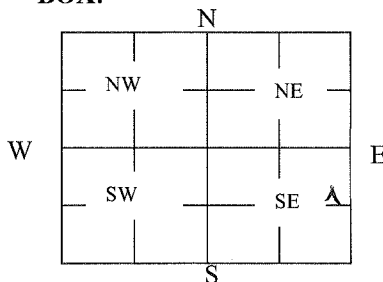
KSA 82a-1212 ID NO.

205

1 LOCATION OF WATER WELL: County: CHEROKEE Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>	Fraction SE ¼ NE ¼ SE ¼ ¼	Section Number 4	Township Number T 32 S	Range Number 24 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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DRILLED 3 @ 250' Constructed

Global Positioning Systems (GPS) information:
 Latitude: 37.284396 (in decimal degrees)
 Longitude: -94.778445 (in decimal degrees)
 Elevation: _____
 Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
 Collection Method:
☒ GPS unit (Make/Model: MAGELLEN)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
 Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** 250 **ft.**WELL'S STATIC WATER LEVEL NA ft

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Other <u>Geothermal</u> |

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒**5 TYPE OF BLANK CASING USED:**

- | | | | | |
|--------------------------------|-----------------------------------|--|--|---|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input checked="" type="checkbox"/> Other (Specify below) |
| <input type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | <u>NA</u> |

 Blank casing diameter _____ in. Was casing pulled? Yes ☐ No ☐ If yes, how much _____
 Casing height above or below land surface _____ in.
6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____Grout Plug Intervals: From 0 ft. to 250 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel Storage | <input checked="" type="checkbox"/> Other (specify below)
<u>HOUSE</u>
Direction from well? <u>NORTH</u>
How many feet? <u>25</u> |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	5	BLACK CLAY	180	200	GRAY CLAY
5	25	BROWN CLAY	200	205	COAL
25	60	BLUE SHALE	205	220	BLUE SHALE
60	80	BLACK ROCK	220	240	BLACK ROCK
80	120	BLUE SHALE	240	250	WHITE ROCK
120	125	BLACK ROCK			
125	180	BLUE SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/19/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 812. This Water Well Record was completed on (mo/day/year) 6/8/12 under the business name of Environmental Loop Service, Inc by (signature) Richard Moore

INSTRUCTIONS: Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: ☐ White Copy ☐ Blue Copy ☐ Pink Copy