**WATER WELL PLUGGING RECORD** **Form WWC-5P** **KSA 82a-1212** **ID NO.** MW9

| 1 LOCATION OF WATER WELL: County: Montgomery | Fraction ¼ NW ¼ SW ¼ SW ¼ | Section Number 31 | Township Number T 34 S | Range Number 17 [X] E [ ] W |
|---|---|---|---|---|

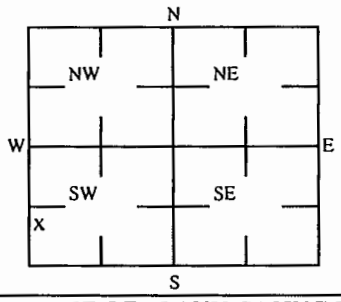
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [ ]

605 Northeast St., Coffeyville, KS

**Global Positioning Systems (GPS) information:**
Latitude: NA (in decimal degrees)
Longitude: NA (in decimal degrees)
Elevation: NA
Horizontal Datum [ ] WGS84, [ ] NAD83, [ ] NAD27
Collection Method:
[ ] GPS unit (Make/model: ____)
[ ] Digital Map/Photo, [ ] Topographic Map [ ] Land Survey
Est. Accuracy: [ ] <3 m, [ ] 3-5 m, [ ] 5-15 m, [ ] >15 m

**2 WATER WELL OWNER:** KDHE
RR#, St. Address, Box #: 1000 SW Jackson
City, State ZIP Code: Topeka KS

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**




**4 DEPTH OF WELL** 14.9 ft. **MW9**

WELL'S STATIC WATER LEVEL NA ft

WELL WAS USED AS:

[ ] Domestic [ ] Public Water Supply [ ] Dewatering
[ ] Irrigation [ ] Oil Field Water Supply [X] Monitoring
[ ] Feedlot [ ] Domestic (Lawn & Garden) [ ] Injetion Well
[ ] Industrial [ ] Air Conditioning [ ] Other ____

Was a chemical/bacteriological sample submitted to Department? Yes [ ] No [X]

**5 TYPE OF BLANK CASING USED:**

[ ] Steel [ ] RMP (SR) [ ] Wrought [ ] Fiberglass [ ] Other (Specific below)
[X] PVC [ ] ABS [ ] Asbestos-Cement [ ] Concrete Tile

Blank casing diameter 2 in. Was casing pulled? Yes [X] No [ ] If yes, how much 3
Casing heigh above or below land surface NA in.

**6 GROUT PLUG MATERIAL:** [ ] Neat cement [ ] Cement grout [X] Bentonite [X] Other Soil: 0-3'

Grout Plug Intervals: From 3 ft to 14.9 ft, From ____ ft to ____ ft, From ____ ft to ____ ft,

What is the nearest source of possible contamination:

[ ] Septic tank [ ] Seepage pit [ ] Fuel storage [ ] Other (specify below)
[ ] Sewer lines [ ] Pit privy [ ] Fertilizer storage
[ ] Watertight sewer lines [ ] Sewage lagoon [ ] Insecticide storage
[ ] Lateral lines [ ] Feed yard [ ] Abandoned water well Direction from well? ____
[ ] Cess pool [ ] Livestock pens [ ] Oil well/Gas well How many feet? ____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|---|---|---|---|---|---|
| 0 | 3 | Soil | | | |
| 3 | 14.9 | Bentonite | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | KDHE ID: | 701 Northeast Street; U3-063-14549 | |
| | | | | | |
| | | | | | |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/29/18 & 12/17/18 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 12/24/2018 under the business name of Larsen & Associates, Inc. By (signature) ____

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records
Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.