

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

CSI S16-AS

<b>1 LOCATION OF WATER WELL:</b> County: <u>Cowley</u>	Fraction <u>SE ¼ SW ¼ NE ¼ SW ¼</u>	Section Number <u>32</u>	Township Number <u>T 34 S</u>	Range Number <u>4</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W																																																
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/>		<b>Global Positioning Systems (GPS) information:</b> Latitude: <u>37.04587</u> (in decimal degrees) Longitude: <u>-97.01539</u> (in decimal degrees) Elevation: <u>1070</u> Horizontal Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____ <input type="checkbox"/> GPS unit (Make/Model: _____) <input checked="" type="checkbox"/> Digital Map/Photo, <input checked="" type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																																		
<b>2 WATER WELL OWNER:</b> MRP Properties Company, LLC RR#, St. Address, Box #: <u>1400 South M Street</u> City, State ZIP Code: <u>Arkansas City, KS 67005</u>																																																				
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF WELL</b> <u>45.4</u> ft. WELL'S STATIC WATER LEVEL <u>30.19</u> ft WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial         </div> <div> <input type="checkbox"/> Public Water Supply  <input type="checkbox"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning         </div> <div> <input type="checkbox"/> Dewatering  <input type="checkbox"/> Monitoring  <input type="checkbox"/> Injection Well  <input checked="" type="checkbox"/> Other <u>Air Sparge</u> </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																			
<b>5 TYPE OF BLANK CASING USED:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Steel  <input checked="" type="checkbox"/> PVC         </div> <div> <input type="checkbox"/> RMP (SR)  <input type="checkbox"/> ABS         </div> <div> <input type="checkbox"/> Wrought  <input type="checkbox"/> Asbestos-Cement         </div> <div> <input type="checkbox"/> Fiberglass  <input type="checkbox"/> Concrete Tile         </div> <div> <input type="checkbox"/> Other (Specify below) _____         </div> </div> Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>2.92 ft AGS to 1 ft BGS</u> Casing height above or below land surface <u>35.04</u> in.																																																				
<b>6 GROUT PLUG MATERIAL:</b> <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>1</u> ft. to <u>45.4</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank  <input type="checkbox"/> Sewer lines  <input type="checkbox"/> Watertight sewer lines  <input type="checkbox"/> Lateral lines  <input type="checkbox"/> Cess pool         </div> <div> <input type="checkbox"/> Seepage pit  <input type="checkbox"/> Pit privy  <input type="checkbox"/> Sewage lagoon  <input type="checkbox"/> Feedyard  <input type="checkbox"/> Livestock pens         </div> <div> <input type="checkbox"/> Fuel storage  <input type="checkbox"/> Fertilizer storage  <input type="checkbox"/> Insecticide storage  <input type="checkbox"/> Abandoned water well  <input type="checkbox"/> Oil well/Gas well         </div> <div> <input checked="" type="checkbox"/> Other (specify below)  <u>Located at former refinery</u>          Direction from well? _____          How many feet? _____         </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0 ft.</td> <td>1 ft.</td> <td>Medium bentonite chips</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1 ft.</td> <td>45.4 ft.</td> <td>Neat cement grout</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>The plugging method was approved by KDHE, email from Pam Chaffee to Jay Mednick May 10, 2017.</td> </tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	0 ft.	1 ft.	Medium bentonite chips				1 ft.	45.4 ft.	Neat cement grout									The plugging method was approved by KDHE, email from Pam Chaffee to Jay Mednick May 10, 2017.																								
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>06/09/2017</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>Owner</u> . This Water Well Record was completed on (mo/day/year) <u>06/27/2017</u> under the business name of <u>MRP Properties Company, LLC</u> by (signature) <u>[Signature]</u>																																																				

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.

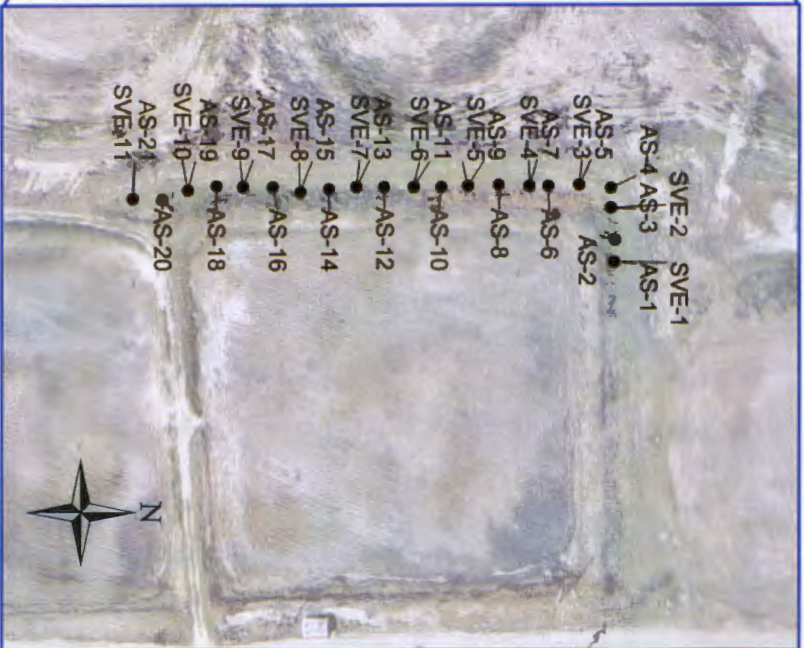
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212

Revised 1/20/2015







NOT TO SCALE

# EXPLANATION

AS - Air Sparge  
SVE - Soil Vapor Extraction  
WWC-5P plugging records submitted for each SVE and AS well

TITLE:

**Location of Plugged & Abandoned SVE & AS Wells - LTU System**

PROJECT:

**MRP PROPERTIES COMPANY, LLC  
ARKANSAS CITY, KANSAS**



Figure No.:

**2**