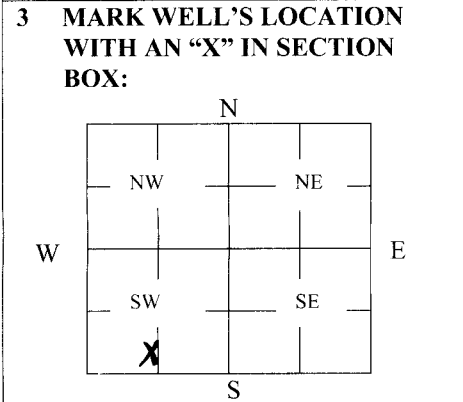


WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: <u>NEMAH</u>	Fraction <u>SW 1/4</u> SE 1/4	Section Number <u>32</u>	Township Number <u>3</u>	Range Number <u>13</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: WAYNE HEINEN RR#, St. Address, Box #: <u>1441 96TH RD.</u> City, State ZIP Code: <u>GOFF, KS. 66428</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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4 DEPTH OF WELL 26 ft.
WELL'S STATIC WATER LEVEL 20 ft.
WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring
 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No

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 12 in. Was casing pulled? Yes No _____ If yes, how much 12 FT.
 Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 9 ft. to 16 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
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? IN FEED YARD
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 0

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>9</u>	<u>16</u>				
<u>26</u>	<u>9</u>	<u>CHLORANTED SAND</u>			
<u>9</u>	<u>6</u>	<u>BENTONITE</u>			
<u>6</u>	<u>0</u>	<u>TOP SOIL</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-27-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) _____ under the business name of _____ by (signature) Wayne Heinen

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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.