mw 12 WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. LOCATION OF WATER WELL: Fraction Section Number County: Washing Ton Sw/45w/4 Sw/4
Distance and direction from nearest town or city street address of well if located within city? Township Number Range Number twys 15+36
WATER WELLOWNER: Leiszler 012 Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 39.81441 RR#, St. Address, Box #: 635 W. CRauford Longitude: —97, 641744 Elevation: 1315.93 City, State ZIP Code: Clay Center, KS 67432-2337 Data Collection Method: Sorvey DEPTH OF WELL WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL 1293.93 ft BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring W 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 _____ No TYPE OF BLANK CASING USED: 3 RMP (SR) 1 Steel 5 Wrought 7 Fiberglass 9 Other (Specify below) **PVC** 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter _____ in. Was casing pulled? Yes _____ No ____ No ____ No ____ in. If yes, how much _____ **GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout 6 3 Bentonite 4 Other ____ Grout Plug Intervals: From 31.3 ft. to C ft., From _____ ft. to _____ft., From _____ to ____ ft. What is the nearest source of possible contamination: (11 Fuel Storage) 1 Septic tank 6 Seepage pit 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 5 Cess pool 10 Livestock pens 15 Oil well/Gas well PLUGGING MATERIALS **FROM** PLUGGING MATERIALS TO FROM TO Benjonite Chips 31.30 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ 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 (100/day/year) ______ and the 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 (100/day/year) ______ and the record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ______. business name of Tank management services (signature) 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

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