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

1 LOCATION OF WATER WELL: County: Pott Co	Fraction SE ¼ SE ¼ ¼	Section Number 17	Township Number 7	Range Number 10 E/W

Distance and direction from nearest town or city street address of well if located within city?

NW of Godlove Rd + Wheaton Rd intersection

2 WATER WELL OWNER: Mark J. Magnett

RR#, St. Address, Box #: 13995 Onaga Rd

City, State ZIP Code: Onaga, KS 66521

Global Positioning Systems (decimal degrees, min. of 4 digits

Latitude: _____

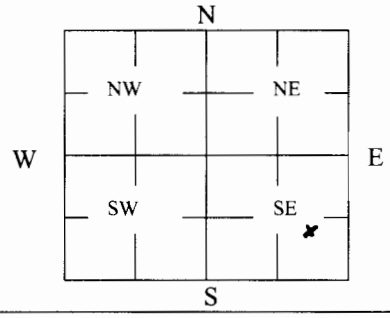
Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method:

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



4 DEPTH OF WELL 120 ft **ft.**

WELL'S STATIC WATER LEVEL 110 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 livestock

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 6 in. Was casing pulled? Yes X No ____ If yes, how much 4 ft

Casing height above or below land surface 2" in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other _____

Grout Plug Intervals: From 4 ft. to 3.0 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? _____
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
120 ft	115	Sand	115	116	Bentonite
116	surface	clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-22 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) 5-24-12 under the business name of _____ by (signature) Mark J Magnett.

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.