mw10 Form WWC-5P WATER WELL PLUGGING RECORD ID NO. KSA 82a-1212 Fraction Township Number Range Number LOCATION OF WATER WELL: Section Number 561/4561/4 NELA 22 OW County: LeavenuerTL Distance and direction from nearest town or city street address of well if located within city? WATER WELL OWNER: Leavenworth Co. Global Positioning
RR#, St. Address Box #: Coop Latitude: 39 Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 39.2687/ Longitude: RR#, St. Address, Box #: Elevation: _ City, State ZIP Code: Lansing Datum: Data Collection Method: Survey MARK WELL'S LOCATION DEPTH OF WELL WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL BOX: WELL WAS USED AS: 5 Public Water Supply 1 Domestic Dewatering 2 Irrigation 6 Oil Field Water Supply Monitoring W 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other ____ SW Was a chemical/bacteriological sample submitted to Department? Yes_____ No TYPE OF BLANK CASING USED: 7 Fiberglass 3 RMP (SR) 5 Wrought 9 Other (Specify below) 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter ______in. Was casing pulled? Yes _____ No _____ If yes, how much ____ Casing height above or below <u>land</u> surface _____ in. 2 Cement grout 3 Sentonite 4 Other ____ **GROUT PLUG MATERIAL:** 1 Neat cement From 13 ft. to 1 ft., From _____ ft. to _____ft., Grout Plug Intervals: From _____ to ____ ft. What is the nearest source of possible contamination: 16 Other (specify below) 1 Septic tank 6 Seepage pit 11 Fuel Storage 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage Direction from well? 4 Lateral lines 9 Feedvard 14 Abandoned water well How many feet? ____ 5 Cess pool 10 Livestock pens 15 Oil well/Gas well

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
13	/	Benton ITE Chips	,		
	1				

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 benef. Vansas Water Well Contractor's License No. ______. This Water Well Record was completed on (mo/day/year) ________ under the business name of Tank management server by (signature)

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fit 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.