

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

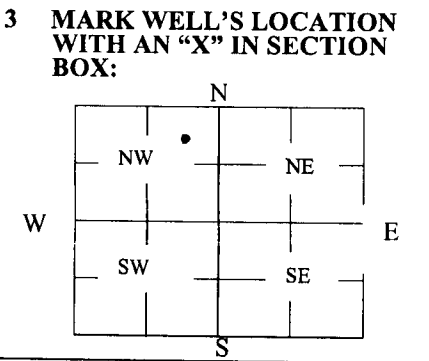
1 LOCATION OF WATER WELL: Fraction ^(Kas or 1) NE 1/4 SW 1/4 NE 1/4 NW 1/4 Section Number 31 Township Number T 9 S Range Number 8 E W
 County: Riley

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 1700 Barnes Rd. Manhattan, KS 66502

Global Positioning Systems (GPS) information:
 Latitude: 39.23113 (in decimal degrees)
 Longitude: -96.578472 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: CK Farms
 RR#, St. Address, Box #: 3490 Swamp Angel Rd.
 City, State ZIP Code: Manhattan, KS 66502

GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m



4 DEPTH OF WELL 50 ft.
 WELL'S STATIC WATER LEVEL 30 ft.
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile
 Blank casing diameter 6 in. Was casing pulled? Yes No If yes, how much 4'
 Casing height above or below land surface 24 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From 0 ft. to 6 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below)
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>6</u>	<u>30</u>	<u>Clay</u>			
<u>30</u>	<u>50</u>	<u>Sand</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/4/22 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) 5/7/22 under the business name of CK Processing by (signature) Kevin Newkirk

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.