WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 1322251 ID NO. MILLER

1 LOCATION OF WATER WELL: County: Trego	Fraction NE ¼ NE ¼ SW ¼ NW ¼	Section Number 7	Township Number 12 T S	Range Number 25 ☐ E ☐ W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ FROM COLLYER: WEST 1/2 MILE ON OLD 40 HWY.

Global Positioning Systems (GPS) information:
Latitude: 39.026654 (in decimal degrees)
Longitude: 100.144034 (in decimal degrees)
Elevation: 2601
Datum: ☐ WGS84, ☐ NAD83, ☑ NAD27
Collection Method:
☐ GPS unit (Make/Model: _____
☑ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ < 3 m, ☑ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: LLOYD & JUDY TILTON
RR#, St. Address, Box #: P.O. BOX 537
City, State ZIP Code: QUINTER KANSAS 67752

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

N
NW NE
W E
SW SE
S

4 DEPTH OF WELL 108 **ft.**

WELL'S STATIC WATER LEVEL 82 ft

WELL WAS USED AS:

☐ Domestic ☑ Irrigation ☐ Feedlot ☐ Industrial
☐ Public Water Supply ☐ Oil Field Water Supply ☐ Domestic (Lawn & Garden) ☐ Air Conditioning
☐ Dewatering ☐ Monitoring ☐ Injection Well ☐ Other _____

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☑

5 TYPE OF BLANK CASING USED:

☐ Steel ☑ PVC ☐ RMP (SR) ☐ ABS ☐ Wrought ☐ Asbestos-Cement ☐ Fiberglass ☐ Concrete Tile ☐ Other (Specify below) _____

Blank casing diameter 12 in. Was casing pulled? Yes ☐ No ☑ If yes, how much _____
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 50 ft., From _____ ft. to _____ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank ☐ Sewer lines ☐ Watertight sewer lines ☑ Lateral lines ☐ Cess pool
☐ Seepage pit ☐ Pit privy ☐ Sewage lagoon ☐ Feedyard ☐ Livestock pens
☐ Fuel storage ☐ Fertilizer storage ☐ Insecticide storage ☐ Abandoned water well ☐ Oil well/Gas well
☐ Other (specify below) _____

Direction from well? NW
How many feet? 2000

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	50	BENTONITE			
50	108	GRAVEL			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/1/2016 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 489. This Water Well Record was completed on (mo/day/year) 11/14/2016 under the business name of AQUA PUMP LLC by (signature) _____

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.