WATER WELL PLUGGING RECORD Form WWC-5P ID NO. KSA 82a-1212 LOCATION OF WATER WELL: Fraction SW 14 SE 1/SE 1/4 Section Number Township Number County: RUSSEL SW 1/4 SE 1/SE 1/4 34

Distance and direction from nearest town or city street address of well if located within city? WATER WELL OWNER: KDOT PUSSELL

RR#, St. Address, Box #:

165 E WITT PUSSELL

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

Latitude: 38.872008

Longitude: -98.857584

Elevation: 1834.10 Russell KS 67665 Data Collection Method: SURVEY DEPTH OF WELL 78.3 ft. MARK WELL'S LOCATION WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL 24, 0 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 _ TYPE OF BLANK CASING USED: 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 6 Asbestos-Cement 8 Concrete Tile 4 ABS Blank casing diameter ____ in. Was casing pulled? Yes ____ No ____ If yes, how much _____ 10.7
Casing height above or below land surface _____ in. **GROUT PLUG MATERIAL:** 3 Bentonite 4 Other 1 Neat cement 2 Cement grout From **38.3**ft. to _____ft., From _____ft. to _____ft., From _____to ____ft. Grout Plug Intervals: What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) Former Fuel STORGIE 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedvard 14 Abandoned water well Direction from well? 10 Livestock pens 15 Oil well/Gas well 5 Cess pool How many feet? ____ FROM **FROM** TO PLUGGING MATERIALS PLUGGING MATERIALS BENTONITE 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 (mo/day/year) ______ under the

Tank many sever services by (signature) INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please film 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.

business name of