WATER WELL PLUGGING RECORD Form WWC-5P ID NO. KSA 82a-1212 LOCATION OF WATER WELL: Fraction Section Number County: Pussel Section from nearest town or city street address of well if located within city? Township Number Range Number E WATER WELL OWNER: KDOT RUSSELL Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 38.872008

Longitude: -98.857584

Elevation: 834.08 RR#, St. Address, Box #: 165 E. WITT Datum:

Data Collection Method: Survey City, State ZIP Code: \$\( \int \cdot S \int | \text{ | K5 67665} \) DEPTH OF WELL 42.00 ft. MARK WELL'S LOCATION WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL\_ 2415 ft BOX: WELL WAS USED AS: NW1 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 12 Other \_\_\_ 4 Industrial 8 Air Conditioning Was a chemical/bacteriological sample submitted to Department? Yes\_\_\_\_\_\_No TYPE OF BLANK CASING USED: 7 Fiberglass 1 Steel 3 RMP (SR) 5 Wrought 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 \_\_\_\_\_\_ 'Casing height above or below land surface \_\_\_\_\_\_ in. **GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout From <u>42</u> ft. to <u>/</u> ft., From \_\_\_\_ ft. to \_\_\_\_ ft., From \_\_\_\_ to \_\_\_ ft. Grout Plug Intervals: What is the nearest source of possible contamination: 16 Other (specify below)

Former Firel STORY 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 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? 10 Livestock pens 15 Oil well/Gas well 5 Cess pool How many feet? \_\_\_ PLUGGING MATERIALS FROM **FROM** TO PLUGGING MATERIALS Benoanite surface concrete 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 of the day/year) \_\_\_\_\_ under the business name of Tank mang / ement Services (signature) 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.