WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. LOCATION OF WATER WELL: Fraction 5w 1/4 5k 1/4 Township Number Section Number Range Number County: RUSSe// Distance and direction from nearest town or city street address of well if located within city? WATER WELL OWNER: KDOT RUSSEll Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 38.872.000 Longitude: 98.857584 Elevation: 1832.22 RR#, St. Address, Box #: 165 B. WITT City, State ZIP Code: RUSSEII KS 67665 Data Collection Method: Survey DEPTH OF WELL 29. 95 MARK WELL'S LOCATION WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL 22-43 ft BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 2 Irrigation 18 Monitoring 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection W 4 Industrial 8 Air Conditioning 12 Other Was a chemical/bacteriological sample submitted to Department? Yes\_\_\_\_\_ No \_ TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 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 land surface \_\_\_\_\_\_ in. 2 Cement grout 3 Bentonite **GROUT PLUG MATERIAL:** 1 Neat cement ft., From ft. to ft., Grout Plug Intervals: What is the nearest source of possible contamination: 16 Other (specify below) Former for el 57004 ce 1 Septic tank 6 Seepage pit 11 Fuel Storage 7 Pit privy 12 Fertilizer storage 2 Sewer lines 8 Sewage lagoon 3 Watertight sewer lines 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? \_\_ PLUGGING MATERIALS **FROM FROM** TO PLUGGING MATERIALS Benjonite Chips 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 trackled to the day/year) \_\_\_\_\_ under the business name of Tank Mane gener F Services (signature)

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