WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. Fraction SW 1/4 5 E 1/4 5 E 1/4 LOCATION OF WATER WELL: Section Number Township Number County: **R**\$55€[[Distance and direction from nearest town or city street address of well if located within city? WATER WELLOWNER: ROOT RUSSELL Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 38.872008

Longitude: 78.857584

Elevation: 1832.99 RR#, St. Address, Box #: 165 E. wiTT City, State ZIP Code: RUSSELL, KS 67665 Data Collection Method: SURVEY MARK WELL'S LOCATION **DEPTH OF WELL** 30,00 WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL **Z**え*の*ち BOX: WELL WAS USED AS: 5 Public Water Supply 1 Domestic 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring W 3 Feedlot 7 Domestic (Lawn & Garden) II 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) 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 **GROUT PLUG MATERIAL:** Bentonite 1 Neat cement 4 Other From **50** ft. to ____ ft., ft. Grout Plug Intervals: From to ft., From _____ to ____ ft. What is the nearest source of possible contamination: 16 Other (specify below)

Former fuel 570rage 1 Septic tank 6 Seepage pit 11 Fuel Storage 2 Sewer lines 7 Pit privy 12 Fertilizer storage 8 Sewage lagoon 13 Insecticide storage 3 Watertight sewer lines 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** TO PLUGGING MATERIALS FROM Benjonite Chips SUTFACE ASPHALI 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 my day/year) _____ under the business name of Tankmana sement Services by (signature) INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the

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.