 WATER WELL PLUGGING RECORD	Form WWC-5P	KSA 82a-1212	ID NO.	MW7	
I LOCATION OF WATER WELL:	Fraction	Section Numb	ber Township Number T 13 S	Range Number 40 E X W	
County: Wallace   SW¼   NE¼   SE¼   N     Street/Rural Address of Well Location; if unknown, distance &   direction from nearest town or intersection: If at owner's address, check here   227 N Main St, Sharon Springs, KS		Global Positioning Systems (GPS) information:     Latitude:   38.89705     Longitude:   -101.75217     Elevation:   (in decimal degrees)     Horizontal Datum   WGS84, NAD83, NAVD27			
2 WATER WELL OWNER: Gaylon White Trust RR#, St. Address, Box #: P.O. Box 111 City, State ZIP Code: Arapahoe, CO 80802		Collection Method: GPS unit (Make/model: Digital Map/Photo, Topographic Map Land Survey <u>Est. Accuracy:</u> <a>3 m, 3-5 m, 5-15 m, &gt;15 m</a>			
3   MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:   4   DEPTH OF WELL					
Was a chemical/bacteriological sample submitted to Department?   Yes NoX     S   TYPE OF BLANK CASING USED:					
Steel   RMP (SR)   Wrought   Fiberglass   Other (Specific below)     X   PVC   ABS   Asbestos-Cement   Concrete Tile   Other (Specific below)     Blank casing diameter   2   in.   Was casing pulled? Yes   X   No   If yes, how much <u>3 ft</u> Casing heigh above or below land surface   NA   in.   If yes, how much <u>3 ft</u>					
6 GROUT PLUG MATERIAL: Neat cement Cement grout X Bentonite X Other Soil: 0-3'					
Grout Plug Intervals: From <u>3</u> ft to <u>27.88</u> ft, From <u>ft</u> to <u>ft</u> , From <u>ft</u> to <u>ft</u> , What is the nearest source of possible contamination:					
Septic tank Septing Sever lines Pit pri Watertight sewer lines Sewag	age storage le storage	Other (specify below)			
Lateral lines Feed y Cess pool Livest	ed water well   Direction from well?     Gas well   How many feet?				
FROM TO PLUGGIN   0 3 Soil   3 27.88 Bentonite	NG MATERIALS	KDHE ID: Ga	TO PLUGGIN	G MATERIALS -13250	
7   CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:   This water well was plugged under my jurisdiction and was completed on (mo/day/year)     11/1/22   and this record is true to the best of my knowledge and the best of my knowledge and the best of my knowledge and the business name of Larsen & Associates, Inc.   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.					
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