WATER WELL PLUGGING RE	CORD Form WWC	-5P KSA 82a-1212 ID NO. MW17
1 LOCATION OF WATER WELL: County: Ellis	Fraction SE 1/4 NW 1/4 SW 1/4	Section Number Township Number Range Number 1 NW 1/4 3 14 S 18 \square E \checkmark W
Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here Clobal Positioning Systems (GPS) Information: Latitude: 38.86617 (in decimal degrees) (in decimal degrees) Longtitude: Elevation: 1989.05		
Collection Method:		
		☐ GPS unit Make/Model: ☐ Digital Map/Photo ☐ Topographic Map ☑ Land Survey Est. Accuracy: ☐ <3 m ☐ 3-5 m ☐ 5-15 m ☐ >15 m
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL WAS USED AS: Domestic Public Water Supply Dewatering Irrigation Old Field Water Supply Injection Well Irrigation Old Field Water Supply Injection Well Industrial Air Conditioning Other Was a chemical/bacteriological sample submitted to Department? TYPE OF BLANK CASING USED: Steel RMP (SR) Wrought Fiberglass Other: PVC ABS Asbestos/Cement Concrete Tile Blank casing diameter: 4 in. Was casing pulled? Yes No If Yes, how much 3' Casing height above or below land surface: 0 in. GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other: Grout Plug Intervals: From 3 ft. To 28.48 ft. From ft. To ft. From ft. To ft.		
What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Other (specify below): Fertilizer storage Watertight sewer lines Sewage lagoon Lateral lines Feedyard Oil well/Gas well How many feet:		
FROM TO PLUGO	GING MATERIAL	FROM TO PLUGGING MATERIAL
0 1 Concrete		3
1 3 Native soil 3 28.48 Bentonite		
3 28.48 Bentonite		MW17
		KDHE Project #U6-026-00771
		1.5.1.5.1.5.5.5.6.1.6.5.6.5.6.7.1
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/30/2022 and this record is true to the best of my knowledge and belief. Kansas Water		
Well Contractor's License No. <u>527</u> . This Water Well Record was completed on (mo/day/year) <u>7/6/2022</u> under the business name of <u>GeoCore, LLC</u> by (signature)		
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html		