

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: Saline	Fraction SW ¼ NW ¼ SW ¼	Section Number 14	Township Number 15S	Range Number 4 W
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Distance and direction from nearest town or city street address of well if located within city?

Smoky Hills Weapons Range**2 WATER WELL OWNER: Kansas Army National Guard**RR#, St. Address, Box #: **2800 SW Topeka Blvd.**City, State, ZIP Code: **Topeka, KS 66611****Global Positioning System** (decimal degrees, min. of 4 digits)

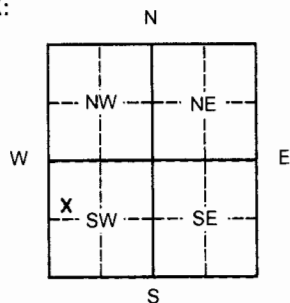
Latitude: _____

Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** 5.0 ft.WELL'S STATIC WATER LEVEL NA ft

WELL WAS USED AS:

- | | | |
|--------------|----------------------------|--------------------------------|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 <u>Other</u> <u>Unknown</u> |

Was a chemical/bacteriological sample submitted to Department? Yes ___ No X**5 TYPE OF BLANK CASING USED:**

- | | | | | |
|---------|------------|-------------------|-----------------|--------------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 <u>Other</u> (Specify below) |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | <u>Rock</u> |

Well diameter 3 ft. Was casing pulled? Yes X No ___ If yes, how much Collapsed well to 3' bgCasing height above or below land surface 36 in.**6 GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other SoilGrout Plug Intervals: From 5 ft. to 0 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel Storage | 16 Other (specify below) |
| 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? |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	5	Native Soil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/19/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531. This Water Well Record was completed on (mo/day/year) 12/18/08 under the business name of Geotechnical Services, Inc. by (signature) Danah S. Wat

INSTRUCTIONS: Please fill in blanks 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/waterwell>.