Hand Dug Well 1 GSI Job No. 087189 Form WWC-5P KSA 82a-1212 ID NO. WATER WELL PLUGGING RECORD LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number NE ¼ SW ¼ NW 22 County: Saline 1/4 **15S** 4 Distance and direction from nearest town or city street address of well if located within city? Smoky Hills Weapons Range Global Positioning System (decimal degrees, min. of 4 2 WATER WELL OWNER: Kansas Army National Guard diaits) Latitude: RR#, St. Address, Box #: 2800 SW Topeka Blvd. Longitude: Elevation: City, State, ZIP Code: Topeka, KS 66611 Datum: Data Collection Method: MARK WELL'S LOCATION 4 DEPTH OF WELL ft. WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL BOX: 13.0 WELL WAS USED AS: NF 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring W 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 12 Other Unknown 4 Industrial 8 Air Conditioning 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 Other (Specify below) 2 PVC 8 Concrete Tile 4 ABS 6 Asbestos-Cement Rock 3.5 ft. Was casing pulled? Yes X No If yes, how much Collapsed well to 5' bgs Well diameter Casing height above or below land surface in. **GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Sand and Soil Grout Plug Intervals: From 21.5 ft. to ft., From **12.5** ft. to 11.5 ft., From **11.5** to ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) 7 Pit privy 12 Fertilizer storage 2 Sewer lines 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? 10 Livestock pens 15 Oil well/Gas well 5 Cess pool How many feet? PLUGGING MATERIALS **FROM** TO FROM TO PLUGGING MATERIALS 0 11.5 **Native Soil** 11.5 12.5 **Bentonite Grout** Sand 12.5 21.5 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		
1.	ctor's License No.	531 . Th	nis Water Well Record w	as completed on (mo/day/year)	12/18/08 under the
business na of	Geotechnical S	Services, Inc.	by (signature)	Sarah & Wat	
INSTRUCTI	IONS: Please fill in bla	anks or circle the co	orrect answers. Send to	p three copies to Kansas Depart	tment of Health and

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.