

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

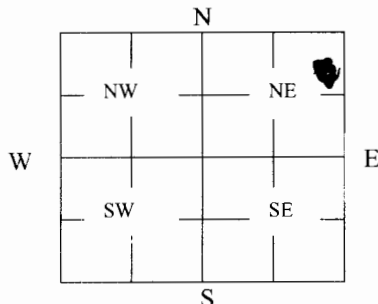
1 LOCATION OF WATER WELL: Fraction SE 1/4 NE 1/4 NE 1/4 Section Number 26 Township Number 15 Range Number 4 E/W E/W
 County: SALINE

Distance and direction from nearest town or city street address of well if located within city?

6336 S. MUIE RD

2 WATER WELL OWNER: JOSEPH VARGAS Global Positioning Systems (decimal degrees, min. of 4 digits)
 RR#, St. Address, Box #: 6336 S. MUIE RD. Latitude: _____
 City, State ZIP Code: SMOLAN, KS 67456 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 40 ft.

WELL'S STATIC WATER LEVEL 30 ft

WELL WAS USED AS:

- ☒ 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 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____

5 TYPE OF BLANK CASING USED:

- 1 Steel 3 RMP (SR) ☒ Wrought 7 Fiberglass 9 Other (Specify below) _____
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile _____

Blank casing diameter 5 in. Was casing pulled? Yes _____ No ☒ If yes, how much _____Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 3 ft. to 40 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? SOUTH EAST
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 30

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>FILL DIRT</u>			
<u>3</u>	<u>40</u>	<u>BENTONITE HOLE PLUG</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-01-17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388. This Water Well Record was completed on (mo/day/year) 11-06-17 under the business name of PESTINGER PUMP SERVICE by (signature) [Signature]

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>.