

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

1 LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 SW 1/4 NW 1/4 Section Number 7 Township Number T 16 S Range Number 32 E W
 County: Scott
 Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
Global Positioning Systems (GPS) information:
 Latitude: 38.681255 (in decimal degrees)
 Longitude: 100.907420 (in decimal degrees)
 Elevation: 3002
 Datum: WGS84, NAD83, NAD27
Collection Method:
 GPS unit (Make/Model: Garmin)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Ben Jackson
 RR#, St. Address, Box #: 305 S. Main St.
 City, State ZIP Code: Scott City KS 67871

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

| | |
|----|----|
| N | |
| NW | NE |
| SW | SE |
| S | |

4 DEPTH OF WELL 500 ft.
 WELL'S STATIC WATER LEVEL Ø ft.
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 10 in. Was casing pulled? Yes No If yes, how much 5'
 Casing height above or below land surface 10 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 5 ft. to 25 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) Nothing w/in 300'
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well. How many feet? _____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-----|-----------------------------|------|----|--------------------|
| 0 | 5 | Top Soil | | | |
| 5 | 25 | Bentonite | | | |
| 25 | 500 | Clean Chlorinated Fill Sand | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-4-2019 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 846. This Water Well Record was completed on (mo/day/year) 10-21-2019 under the business name of Nash Water Well Services, LLC by (signature) Robert L. Nash

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.