

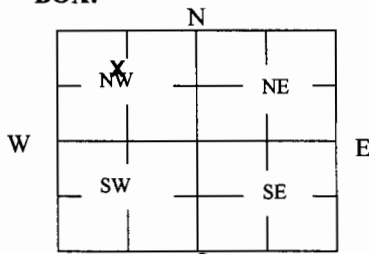
revised
MW20

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

1 LOCATION OF WATER WELL: County: BARTON	Fraction SE ¼ SE ¼ NW ¼ NW ¼	Section Number 1	Township Number T 18 S	Range Number 15 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 200 2ND ST OLMITZ, KS 67564	Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: 2023.30 Horizontal Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model): _____ <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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2 WATER WELL OWNER: AGRI TRAILS COOP RR#, St. Address, Box #: PO BOX 157 City, State ZIP Code: HOPE, KS 67451-0157

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>32.97</u> ft. WELL'S STATIC WATER LEVEL <u>23.24</u> ft WELL WAS USED AS: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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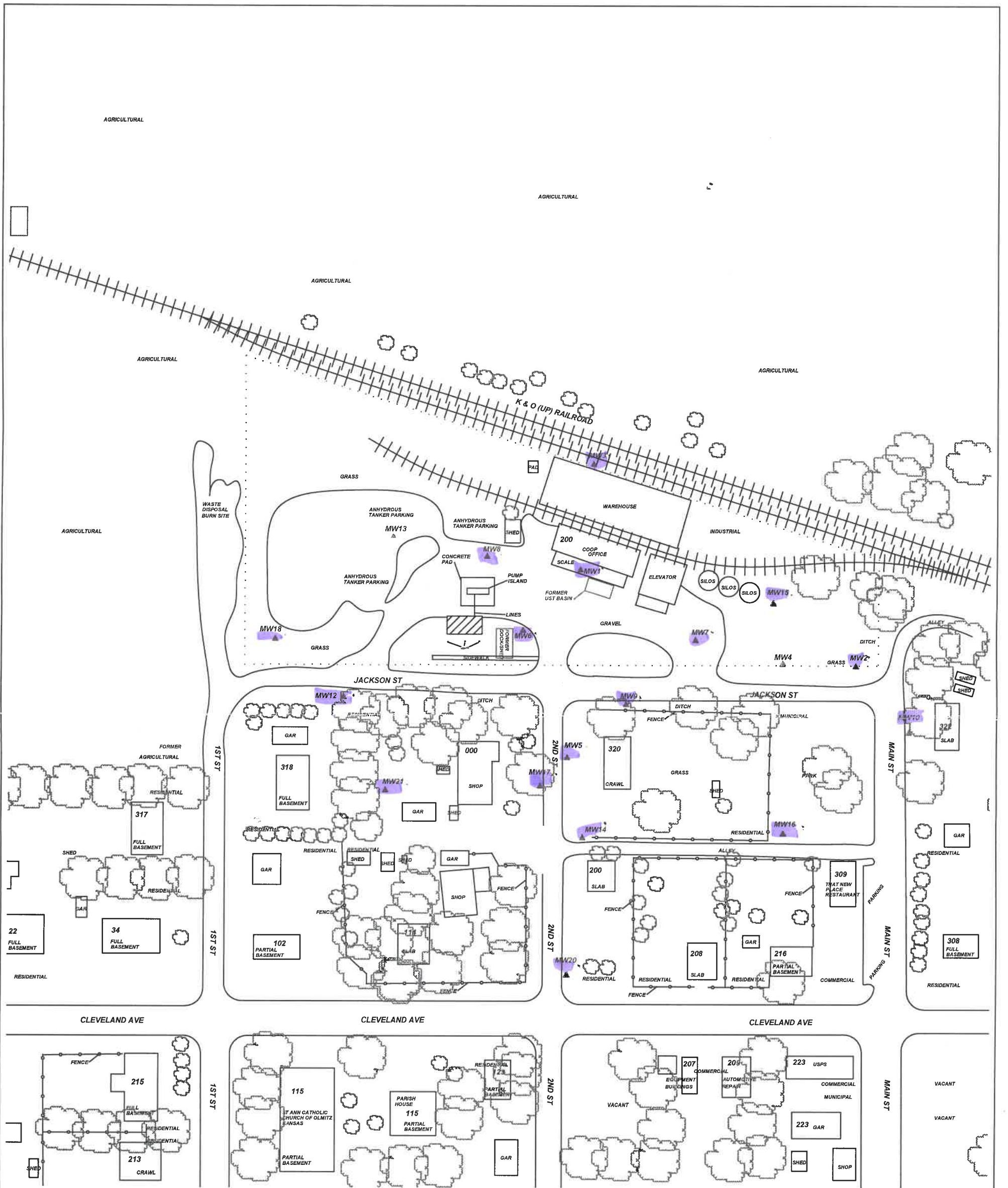
5 TYPE OF BLANK CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS <input type="checkbox"/> Wrought Asbestos-Cement <input type="checkbox"/> Fiberglass Concrete Tile <input type="checkbox"/> Other (Specify below) _____ Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>3'</u> Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>GRASS 0-0.5</u> Grout Plug Intervals: From <u>0.5</u> ft. to <u>32.97</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens <input checked="" type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Other (specify below) _____ Direction from well? <u>NORTH</u> How many feet? <u>75</u>
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FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	TOPSOIL			
0.5	32.97	BENTONITE			





7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9/26/22</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>585</u> . This Water Well Record was completed on (mo/day/year) <u>10/3/22</u> under the business name of <u>ASSOCIATED ENVIRONMENTAL INC.</u> by (signature) _____


Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.



PROJECT: **UNITED AG SERVICES, INC.**
 ADDRESS: **JACKSON STREET**
 LOCATION: **OLMITZ, KS**
 DRAWN BY: **C. ROE** DATE: **10/2/21**
 REVISED BY: **B. STALNAKER** DATE: **2/9/23**
 AEI JOB #: **TF539** KDHE JOB #: **U6-005-12455**

TITLE: **FIGURE 2.2
 AREA BASE MAP
 500' RADIUS**
 **ASSOCIATED
 ENVIRONMENTAL
 INC.**

LEGEND:
 = 1-8K GALS. DYED DIESEL / 1-8K GALS. CLEAR DIESEL / 1-8K GALS. E10 GASOLINE, PRODUCT LINES, VENTS, & DISPENSERS
 = MONITORING WELL
 = PLUGGED/DESTROYED WELL
 = SUBJECT PROPERTY

SCALE: **1" = 100'**

 0 50 100

NOTES:

RECEIVED
 APR 07 2023
 BUREAU OF WATER