

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

MW-7

1 LOCATION OF WATER WELL: County: Rice	Fraction NE ¼ SW ¼ NE ¼ NE ¼	Section Number 6	Township Number T 18 S	Range Number 9 <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 ☐ Northern Natural Gas Bushton Compressor Station

Global Positioning Systems (GPS) information:

Latitude: 38.519942 (in decimal degrees)

Longitude: 98.353034 (in decimal degrees)

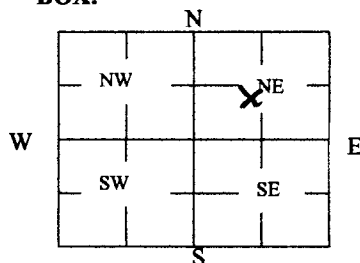
Elevation: NA

Horizontal Datum: ☒ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

☐ GPS unit (Make/Model: _____)☒ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: Northern Natural Gas
RR#, St. Address, Box #: 1111 S. 103rd Street
City, State ZIP Code: Omaha, NE 68121

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** 45.20 ft.

WELL'S STATIC WATER LEVEL 21.40 ft

WELL WAS USED AS:

☐ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☐ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

☐ Dewatering
☒ Monitoring
☐ Injection Well
☐ Other _____
Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒**5 TYPE OF BLANK CASING USED:**☐ Steel
☒ PVC☐ RMP (SR)
☐ ABS☐ Wrought
☐ Asbestos-Cement☐ Fiberglass
☐ Concrete Tile☐ Other (Specify below) _____Blank casing diameter _____ in. Was casing pulled? Yes ☒ No ☐ If yes, how much 5 ft.

Casing height above or below land surface 0 in.

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

Grout Plug Intervals: From 0 ft. to 45.20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☐ Fuel storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well
☒ Other (specify below)
Compressor Station

Direction from well? _____

How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	45.20	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/15/2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604. This Water Well Record was completed on (mo/day/year) 8/6/2020 under the business name of Environmental Priority Service, Inc. by (signature) *P. A. M. J.*

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.

KSA82a-1212

Revised 1/20/2015