

MW-4

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

00266749

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                      | Fraction                    | Section Number                                    | Township Number             | Range Number |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------|-----------------------------|--------------|-----------------------------------------|----|--------------------|-----|----|------------------------|----|----|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | County: <u>Barton</u>                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>NW 1/4 NW 1/4 SW 1/4</u> | <u>32</u>                                         | <u>19S</u>                  | <u>11</u> EW |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>601 East Santa Fe Ellinwood KS 67526</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WATER WELL OWNER: <u>Ellinwood Tank Service</u>                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box #: <u>601 E. Santa Fe</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             | Board of Agriculture, Division of Water Resources |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code: <u>Ellinwood KS 67526</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             | Application Number:                               |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                             |                             | 4                                                 | DEPTH OF WELL <u>17</u> ft. |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr><td style="width: 25%;">NW</td><td style="width: 25%;">NE</td></tr> <tr><td style="width: 25%;">SW</td><td style="width: 25%;">SE</td></tr> </table> <div style="text-align: center;">S</div>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                              | NW                          | NE                                                | SW                          | SE           | WELL'S STATIC WATER LEVEL <u>12</u> ft. |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              | NW                          | NE                                                |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              | SW                          | SE                                                |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              | WELL WAS USED AS:           |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic<br/>2 Irrigation<br/>3 Feedlot<br/>4 Industrial </div> <div> 5 Public Water Supply<br/>6 Oil Field Water Supply<br/>7 Domestic (Lawn &amp; Garden)<br/>8 Air Conditioning </div> <div> 9 Dewatering<br/>10 Monitoring Well<br/>11 Injection Well<br/>12 Other </div> </div>                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....<br>If yes, mo/day/yr sample was submitted .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water Well Disinfected: Yes ..... No <u>X</u> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below)<br><u>2 PVC</u> 4 ABS      6 Asbestos-Cement      8 Concrete Tile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <u>2</u> in.      Was casing pulled? Yes <u>X</u> No .....      If yes, how much <u>3'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Casing height above or below land surface .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout <u>3 Bentonite</u> 4 Other .....                                                                                                                                                                                                                                                                                                                                                 |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals:      From <u>17</u> ft. to <u>3</u> ft.,      From ..... ft. to ..... ft.,      From ..... to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank<br/><u>2</u> Sewer lines<br/>3 Watertight sewer lines<br/>4 Lateral lines<br/>5 Cess pool </div> <div> 6 Seepage pit<br/>7 Pit privy<br/>8 Sewage lagoon<br/>9 Feedyard<br/>10 Livestock pens </div> <div> 11 Fuel storage<br/>12 Fertilizer storage<br/>13 Insecticide storage<br/>14 Abandoned water well<br/>15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? <u>N</u> How many feet? <u>125</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">17'</td> <td style="text-align: center;">3'</td> <td><u>Bentonite Chips</u></td> </tr> <tr> <td style="text-align: center;">3'</td> <td style="text-align: center;">0'</td> <td><u>Native Material</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              | FROM                                    | TO | PLUGGING MATERIALS | 17' | 3' | <u>Bentonite Chips</u> | 3' | 0' | <u>Native Material</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO                                                                                                                                                                                                                                                                                                                                                                                                                                           | PLUGGING MATERIALS          |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3'                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Bentonite Chips</u>      |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0'                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Native Material</u>      |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-26-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>11-27-07</u> This Water Well Record was completed on (mo/day/year) <u>11-27-07</u> under the business name of <u>Green Field Contractors</u> by (signature) <u>Jan Pecaram</u> |                             |                                                   |                             |              |                                         |    |                    |     |    |                        |    |    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

INSTRUCTIONS: Use typewriter or ball point 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.