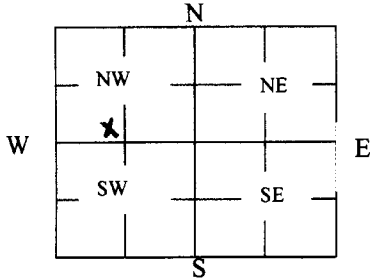


WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: <u>Barton</u>	Fraction <u>¼ SE ¼ SW ¼ NW ¼</u>	Section Number <u>31</u>	Township Number <u>T 19 S</u>	Range Number <u>11</u> ☐ E ☒ W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ <u>300 W. 1st Street, Ellinwood</u>		Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27 Collection Method: ☐ GPS unit (Make/Model: _____) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m		
2 WATER WELL OWNER: <u>Ellinwood United Medodist</u> RR#, St. Address, Box #: <u>300 W. 1st Street</u> City, State ZIP Code: <u>Ellinwood, KS 67526</u>				

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

4 DEPTH OF WELL 37 ft.

 WELL'S STATIC WATER LEVEL 17 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 5 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface 24 in.

6 GROUT PLUG MATERIAL:

- ☒
- Neat cement
- ☐
- Cement grout
- ☒
- Bentonite
- ☐
- Other _____

 Grout Plug Intervals: From 7 ft. to 2 ft., From 37 ft. to 7 ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|---|
| ☐ Septic tank | ☐ Seepage pit | ☐ Fuel Storage | ☒ Other (specify below) _____ |
| ☐ Sewer lines | ☐ Pit privy | ☐ Fertilizer storage | House _____ |
| ☐ Watertight sewer lines | ☐ Sewage lagoon | ☐ Insecticide storage | |
| ☐ Lateral lines | ☐ Feedyard | ☐ Abandoned water well | Direction from well? <u>North</u> |
| ☐ Cess pool | ☐ Livestock pens | ☐ Oil well/Gas well | How many feet? <u>20ft</u> |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
37	7	Hole plug			
7	2	Cement			
2	0	Top soil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-7-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo/day/year) 9-4-13 under the business name of Rosencrantz- Bemis Ent Inc 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

 Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy