

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

| 1 LOCATION OF WATER WELL: County: <u>Greeley</u> 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"/> <u>8 miles south east of Tribune, KS</u> | Fraction <u>0 1/4 SW 1/4 SW 1/4 SE 1/4</u> Section Number <u>28</u> Township Number <u>T 19 S</u> Range Number <u>40</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W | Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input 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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------|----|--------------------|------|----|--------------------|-----|-----|------|--|--|--|-----|-----|-----------|--|--|--|-----|----|------|--|--|--|----|---|-----------|--|--|--|---|---|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 WATER WELL OWNER: <u>AL-LYNN Farms GP</u> RR#, St. Address, Box #: <u>P.O. Box 667</u> City, State ZIP Code: <u>Tribune, KS 67879</u> | 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 DEPTH OF WELL <u>186</u> ft. WELL'S STATIC WATER LEVEL <u>149</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning </div> <div> <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Injection Well <input checked="" type="checkbox"/> Other <u>windmill</u> </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) _____ <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile Blank casing diameter <u>5</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>12</u> in. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>147</u> ft. to <u>142</u> ft., From <u>13</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <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 </div> <div> <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens </div> <div> <input 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 </div> <div> <input checked="" type="checkbox"/> Other (specify below) <u>None</u> Direction from well? _____ How many feet? _____ </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>186</td> <td>147</td> <td>Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>147</td> <td>142</td> <td>Bentonite</td> <td></td> <td></td> <td></td> </tr> <tr> <td>142</td> <td>13</td> <td>Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>3</td> <td>Bentonite</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>0</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS | 186 | 147 | Sand | | | | 147 | 142 | Bentonite | | | | 142 | 13 | Sand | | | | 13 | 3 | Bentonite | | | | 3 | 0 | Top soil | | | | | | | | | | | | | | | |
| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 186 | 147 | Sand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147 | 142 | Bentonite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142 | 13 | Sand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-23-2015</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>640</u> . This Water Well Record was completed on (mo/day/year) <u>5-21-2015</u> under the business name of <u>Sagers Pump Service</u> by (signature) <u>[Signature]</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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.

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