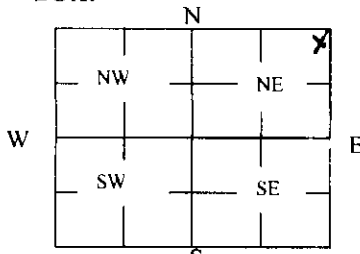


**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**  

|   |  |                             |                                  |  |
|---|--|-----------------------------|----------------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>Barton</b> | Fraction<br>$\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ | Section Number<br><b>16</b> | Township Number<br><b>T 20 S</b> | Range Number<br><b>13</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|--|-----------------------------|----------------------------------|--|

|  |   |
|--|---|
| 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"/> 3S of Great Bend, KS | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method: _____<br><input type="checkbox"/> GPS unit (Make/Model: _____)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
|--|---|

|   |  |
|---|--|
| <b>2 WATER WELL OWNER:</b> Rainbow Trucking<br>RR#, St. Address, Box #: 305 S Highway 281<br>City, State ZIP Code: Great Bend, KS 67530 |  |
|---|--|

|  |   |
|--|---|
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><br> | <b>4 DEPTH OF WELL</b> <u>50</u> ft.<br>WELL'S STATIC WATER LEVEL <u>16</u> ft<br>WELL WAS USED AS:<br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Monitoring<br><input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well<br><input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____<br><br>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|--|---|

**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 3 ft. below in.

**6 GROUT PLUG MATERIAL:**  Neat cement     Cement grout     Bentonite     Other \_\_\_\_\_

Grout Plug Intervals: From 3 ft. to 26 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"/> Seepage pit    | <input type="checkbox"/> Fuel storage         | <input checked="" type="checkbox"/> Other (specify below) _____ |
| <input type="checkbox"/> Sewer lines            | <input type="checkbox"/> Pit privy      | <input type="checkbox"/> Fertilizer storage   | <input type="checkbox"/> building                               |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon  | <input type="checkbox"/> Insecticide storage  |   |
| <input type="checkbox"/> Lateral lines          | <input type="checkbox"/> Feedyard       | <input type="checkbox"/> Abandoned water well | Direction from well? <u>North</u>                               |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? <u>36</u>  |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 50   | 26 | gravel             |      |    |                    |
| 26   | 3  | bentonite          |      |    |                    |
| 3    | 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) 02/15/17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/year) 02/19/17 under the business name of Kelly's Water Well Service, Inc. by (signature) Kathryn L. Good

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.