NATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.
Latitude: 38.30419
check here
Blevation: Horizontal Datum: WGS84, NAD83, NAD27 NAD83 NAD83 NAD83 NAD27 NAD83 N
2 WATER WELL OWNER: Bonnie Irons c/o Darren Irons RR#, St. Address, Box #: City, State ZIP Code
2 WATER WELL OWNER: RR#, St. Address, Box #: 2001 Worthington Ln Edmond, OK 73013
RR#, St. Address, Box #: 2001 Worthington Ln City, State ZIP Code: Edmond, OK 73013 State ZIP Code: Edmond, OK 73013 Case Accuracy: < 3 m,
City, State ZIP Code: Edmond, OK 73013 State ZIP Code: Edmond, OK 73013 State ZIP Code: Go. 98 Go. 98
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: W
WITH AN *X** IN SECTION BOX: WELL WAS USED AS: Well Was a chemical/bacteriological sample submitted to Department? Yes No \[\begin{array}{ c c c c c c c c c c c c c c c c c c c
WITH AN "X" IN SECTION BOX: WELL WAS USED AS: Well Was a chemical/bacteriological sample submitted to Department? Yes No
WELL WAS USED AS: WELL WAS USED AS: WELL WAS USED AS: Domestic Irrigation Public Water Supply Dewatering Monitoring Injection Well Other
WELL WAS USED AS: W
W SE E Irrigation Domestic (Lawn & Garden) Monitoring Injection Well Other
W SE
SW SE Industrial Air Conditioning Other
Was a chemical/bacteriological sample submitted to Department? Yes No \[\begin{align*} No \[\begin{align*} S \\ \end{align*} \] 5 TYPE OF BLANK CASING USED: \[\begin{align*} Steel & RMP (SR) & Wrought & Fiberglass & Other (Specify below) & Asbestos-Cement & Concrete Tile & Concre
Was a chemical/bacteriological sample submitted to Department? Yes No \[\begin{align*} No \[\begin{align*} S \end{align*} \] Steel \[\begin{align*} RMP (SR) \] Wrought Absestos-Cement Concrete Tile \[\begin{align*} Concrete Tile \] Blank casing diameter \[\begin{align*} 5 \] in. Was casing pulled? Yes \[\end{align*} No \[\begin{align*} A \end{align*} If yes, how much \[\begin{align*} Casing height above or below land surface \[\begin{align*} below 36 \] in. \[\end{align*} Grout Plug MATERIAL: \[\end{align*} Neat cement \[\begin{align*} Cement grout \[\begin{align*} Bentonite \[\begin{align*} Other \] Grout Plug Intervals: From \[\begin{align*} 60.98 \] ft. to \[\begin{align*} 1 \] ft. to \[\begin{align*} ft. to \[\begin{align*} ft. to \] ft. \[\end{align*} \] What is the nearest source of possible contamination: Septic tank \[\begin{align*} Seepage pit \[\begin{align*} Fuel storage \[Fertilizer storage \] Insecticide storage \[\begin{align*} Other (specify below) \[Fertilizer storage \] Watertight sewer lines \[\begin{align*} Sewage lagoon \[\begin{align*} Insecticide storage \] Abandoned water well \[\begin{align*} Direction from well? northeast \[\begin{align*} northeast \] How many feet? \[\align* addressed \] Abandoned water well \[\begin{align*} Other (specify below) \] FROM \[\end{align*} TO \[\end{align*} PlugGING MATERIALS \] FROM \[\end{align*} TO \[\end{align*} PlugGING MATERIALS \] FROM \[\end{align*} TO \[\end{align*} PlugGING MATERIALS \] FROM \[\end{align*} TO \[\end{align*} PlugGING MATERIALS \] FROM \[\end{align*} TO \[\end{align*} PlugGING MATERIALS \] FROM \[\end{align*} TO \[\end{align*} PlugGING MATERIALS \]
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FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS 96.4 60.98 Clean, course sand
96.4 60.98 Clean, course sand
60.98 3 Bentonite Chips
3 0 Topsoil
Well plugging witnessed by
D. Randolph, GMD2 staff, on 4/16/2020
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was
completed on (mo/day/year) 4/16/2020 and this record is true to the best of my knowledge and belief. Kansas Water
, , , , , , , , , , , , , , , , , , ,
Well Contractor's License No. . This Water Well Record was completed on (mo/day/year) 4/17/2020 under the
Well Contractor's License No This Water Well Record was completed on (mo/day/year) 4/17/2020 under the business name of by (signature)
business name ofby (signature) \[\sqrt{sut.} \]
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS
business name ofby (signature) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \