|   |  |               |                  | WATER WELL PLUGGING R  | ECORD Form WWC-5P  | KSA 82a-1212 ID                      | ) NO           |  |
|---|--|---------------|------------------|--|--|--------------------------------------|----------------|--|
| 1   | LOCAT  | TION OF WATER | WELL:            | Fraction   | Section Number   | Township Number                      | r Range Number |  |
| Co  | unty: <b>Ric</b>   | ce            |                  | NW 1/4 NE 1/4 NE1/4  | 34   | 20                                   | 8 E/₩          |  |
| Distance and direction from nearest town or city street address of well if located within city?   |  |               |                  |  |  |                                      |                |  |
|   | 4m: North & 2m: East OF Sterling KS                                |               |                  |  |  |                                      |                |  |
| 2   | WATER  | R WELL OWNER: | : Zimms          | Feedlot  |  | 1/                                   |                |  |
|   | RR #, St. Address, Box #: 1650 A<br>City, State, ZIP Code : Sterli |               |                  | ng, Ks. 67579 Application Number:                                      |  |                                      |                |  |
| 3   | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                   |               |                  | d DEPTH OF WELL 2 6 1.80   |  |                                      |                |  |
| w   | NW   |               | X<br>NEE         | WELL WAS USED AS:  1 Domestic 2 Irrigation 3 Feedlot 4 Industrial      | <ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li><li>8 Air Conditioning</li></ul> | ply 10 Monito<br>Garden) 11 Injectio | oring Well     |  |
|   | SW   |               |                  | Was a chemical / bacteriological sample submitted to Department? Yes   |  |                                      |                |  |
| 5   | 5 TYPE OF BLANK CASING USED:                                       |               |                  |  |  |                                      |                |  |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9xOther (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Polyethylene  Blank casing diameter3./.4 in. Was casing pulled? Yes |  |               |                  |  |  |                                      |                |  |
| Grout Plug Intervals: From  |  |               |                  |  |  |                                      |                |  |
| <ol> <li>Septic tank</li> <li>Sewer lines</li> <li>Watertight sewer lines</li> <li>Lateral lines</li> <li>Cess pool</li> </ol>  |  |               | •                | 6 Seepage pit 7 Pit privy X Sewage lagoon 9 Feedyard 10 Livestock pens | 11 Fuel storage<br>12 Fertilizer storage<br>13 Insecticide storage<br>14 Abandoned water v<br>15 Oil well/Gas well                 |                                      | pecify below)  |  |
| Direction from well?South   |  |               |                  |  |  |                                      |                |  |
|   | FROM TO PLI  |               | UGGING MATERIALS |  |  |                                      |                |  |
|   | 0 2 Topsoil  |               |                  |  |  |                                      |                |  |
| 2 30 Sand   |  | Sand, f       | ine to medium    |  |  |                                      |                |  |
| 30 6  |  | 65            | Sand, m          | medium to coarse   | w/med. gravel  |                                      |                |  |
|   | 65 200 Shale, red w/small mica layers                              |               |                  |  |  |                                      |                |  |
|   |  |               |                  |  |  |                                      |                |  |
| CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)   |  |               |                  |  |  |                                      |                |  |

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.