

## WATER WELL PLUGGING RECORD

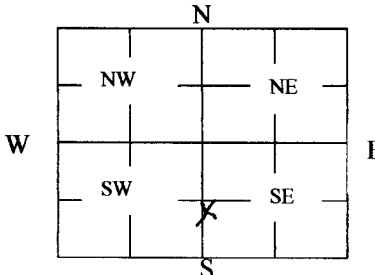
Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <u>Pawnee</u>	Fraction <u>1/4 NW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>33</u>	Township Number <u>T 21 S</u>	Range Number <u>18</u> <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"/> <u>Water Right # 19990</u>		Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____		

2 WATER WELL OWNER: <u>Leonard Frages Trust</u> RR#, St. Address, Box #: <u>612 W 12th</u> City, State ZIP Code: <u>Larned, KS 67550</u>	<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
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>172</u> ft. WELL'S STATIC WATER LEVEL <u>39</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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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>16</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>40</u> in.

6 GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Grout Plug Intervals: From <u>16</u> ft. to <u>3</u> 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 type="checkbox"/> Other (specify below) _____ <input type="checkbox"/> Sewer lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Fertilizer storage _____ <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? _____ <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
172	70	Gravel			
70	16	chlorinated Gravel			
16	3	Concrete			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-8-18</u> 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) <u>8-15-18</u> under the business name of <u>Greg Frages Trust</u> by (signature) <u>[Signature]</u>
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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 Telephone 785-296-5524.

KSA82a-1212

Revised 1/20/2015