

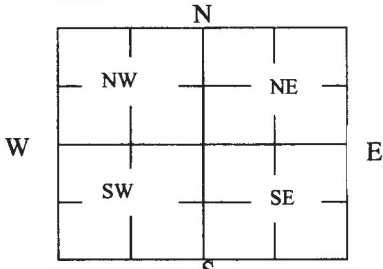
## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

MW-20S

<b>1 LOCATION OF WATER WELL:</b> County: <u>Rice</u>	Fraction <u>¼ SW ¼ SW ¼ NE ¼</u>	Section Number <u>21</u>	Township Number <u>T 21 S</u>	Range Number <u>8</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>102 N. Broadway, Sterling, KS</u>		<b>Global Positioning Systems (GPS) information:</b> 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: _____		

<b>2 WATER WELL OWNER:</b> <u>BP Products North America</u> RR#, St. Address, Box #: <u>28100 Torch Pkwy.</u> City, State ZIP Code: <u>Warrenville, IL 60555</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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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF WELL</b> <u>16</u> <b>ft.</b> WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>5 TYPE OF BLANK CASING USED:</b>
<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 checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile
Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>~3 ft. below ground surface</u> Casing height above or below land surface _____ in.

<b>6 GROUT PLUG MATERIAL:</b>	<input type="checkbox"/> Neat cement	<input type="checkbox"/> Cement grout	<input checked="" type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____
Grout Plug Intervals: From <u>3</u> ft. to <u>16</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
3	16	Bentonite			

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4/2/2020</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>4/9/2020</u> under the business name of <u>GreenField Contractors, Inc.</u> by (signature) <u>Melissa D. McIlwain</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 <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.