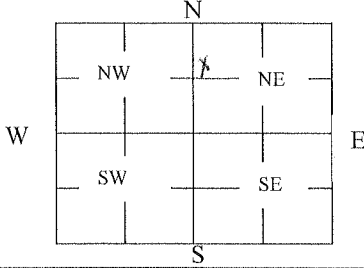


WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

20141001

1 LOCATION OF WATER WELL: County: Pawnee 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"/> 1 S of Larned, KS	Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 7	Township Number T 22 S	Range Number 16 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																										
2 WATER WELL OWNER: Chad Eakin RR#, St. Address, Box #: 111 Main St. City, State ZIP Code: Larned, KS 67550-3917		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: <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																																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>	4 DEPTH OF WELL 30 ft. WELL'S STATIC WATER LEVEL 14 ft. WELL WAS USED AS: <table style="width:100%;"><tr><td><input type="checkbox"/> Domestic</td><td><input type="checkbox"/> Public Water Supply</td><td><input type="checkbox"/> Dewatering</td></tr><tr><td><input type="checkbox"/> Irrigation</td><td><input checked="" type="checkbox"/> Oil Field Water Supply</td><td><input type="checkbox"/> Monitoring</td></tr><tr><td><input type="checkbox"/> Feedlot</td><td><input type="checkbox"/> Domestic (Lawn & Garden)</td><td><input type="checkbox"/> Injection Well</td></tr><tr><td><input type="checkbox"/> Industrial</td><td><input type="checkbox"/> Air Conditioning</td><td><input type="checkbox"/> Other _____</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Irrigation	<input checked="" type="checkbox"/> Oil Field Water Supply	<input 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	<input type="checkbox"/> Other _____																														
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td><input type="checkbox"/> Steel</td><td><input type="checkbox"/> RMP (SR)</td><td><input type="checkbox"/> Wrought</td><td><input type="checkbox"/> Fiberglass</td><td><input type="checkbox"/> Other (Specify below) _____</td></tr><tr><td><input checked="" type="checkbox"/> PVC</td><td><input type="checkbox"/> ABS</td><td><input type="checkbox"/> Asbestos-Cement</td><td><input type="checkbox"/> Concrete Tile</td><td></td></tr></table> Blank casing diameter 5 _____ in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface 3ft below _____ in.					<input 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																																	
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6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From 3 _____ ft. to 20 _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td><input type="checkbox"/> Septic tank</td><td><input type="checkbox"/> Seepage pit</td><td><input type="checkbox"/> Fuel Storage</td><td rowspan="5"><input type="checkbox"/> Other (specify below) _____</td></tr><tr><td><input type="checkbox"/> Sewer lines</td><td><input type="checkbox"/> Pit privy</td><td><input type="checkbox"/> Fertilizer storage</td></tr><tr><td><input type="checkbox"/> Watertight sewer lines</td><td><input type="checkbox"/> Sewage lagoon</td><td><input type="checkbox"/> Insecticide storage</td></tr><tr><td><input type="checkbox"/> Lateral lines</td><td><input type="checkbox"/> Feedyard</td><td><input type="checkbox"/> Abandoned water well</td></tr><tr><td><input type="checkbox"/> Cess pool</td><td><input type="checkbox"/> Livestock pens</td><td><input checked="" type="checkbox"/> Oil well/Gas well</td></tr></table> Direction from well? North Northwest How many feet? 120					<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	<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input checked="" type="checkbox"/> Oil well/Gas well																										
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01/28/15 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) 01/31/15 under the business name of Kelly's Water Well Service, Inc. by (signature) <i>Kathryn L Good</i>																																														
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html .																																														