

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

5789 & 36943

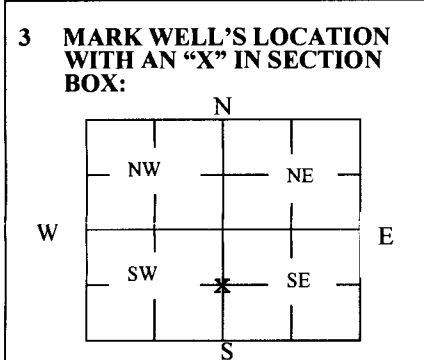
1 LOCATION OF WATER WELL: County: Reno	Fraction $\frac{1}{4}$ $\frac{1}{4}$ CW $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 13	Township Number T 22 S	Range Number 4 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here approximately 3.25 miles east and 0.75 miles south of Buhler, KS

Global Positioning Systems (GPS) information:
 Latitude: 38.13437 (in decimal degrees)
 Longitude: -97.71134 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Arthur K. Dick
 RR#, St. Address, Box #: 1031 Wheatland Drive
 City, State ZIP Code: Buhler, KS 67522

GPS unit (Make/Model: Garmin GPSmap 60Csx)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL 157 ft.
 WELL'S STATIC WATER LEVEL 27.2 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 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 checked="" type="checkbox"/> Other <u>Test Well</u>

Was a chemical/bacteriological sample submitted to Department? Yes No

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 checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface below 48 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 27.2 ft. to 4 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 checked="" type="checkbox"/> Fuel storage	<input checked="" type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	<u>none within 1/4 mile</u>
<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
157	27.2	Clean, coarse sand			Well plugging witnessed by
27.2	4	Cement grout			D. Randolph, GMD2 staff, on 3/4/2016
4	0	Topsoil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/4/2016 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) 3/8/2016 under the business name of _____ by (signature) Arthur K. Dick

Send one ~~white~~ **RECEIVED** 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.
MAR 30 2016