WATER WELL PLUGGING RECORD Form WWC-5	WATER	WELL	PLUGGING	RECORD	Form WWC-5
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KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL:		Fraction			Township Number					
County: Reno		1/4 NW 1/4 SW 1/4 SW		24	23 S	6 🗆 E	✓ W			
d c	treet/Rural Address of Well Location irection from nearest town or intersec heck here	tion. If at owner's address, Latitude: (in de Longtitude: (in de Elevation: (in de			n decimal degrees n decimal degrees					
L			- Colle	ction Method:						
2 WATER WELL OWNER: RR#, St. Address, Box # City, State ZIP Code IBP, Inc. 800 Stevens Port Dr., Ste. 709 Dakota Dunes, SD 57049 GPS unit Make/Model: Digital Map/Photo City, State ZIP Code Dakota Dunes, SD 57049 Est. Accuracy: <3 m							Survey 15			
3	 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: W <li< td=""></li<>									
	S	was a chemical bacteriore	igical sa	inple sublinued	o Department.		1140			
5 TYPE OF BLANK CASING USED: □ Steel RMP (SR) Wrought Fiberglass □ PVC ABS Asbestos/Cement Concrete Tile □ Blank casing diameter: 2 in. Was casing pulled? Yes No If Yes, how much 3' Casing height above or below land surface:										
6 GROUT PLUG MATERIAL: □ Neat cement □ Cement grout ☑ Bentonite □ Other:										
Grout Plug Intervals: From <u>3</u> ft. To <u>11.5</u> ft. From <u>ft. To ft. From ft. From <u>ft. To ft. To ft. To ft.</u></u>										
Septic tank Seepage pit Fuel storage ✓ Other (specify below): Sewer lines Pit privy Fertilizer storage Former UST Basin Watertight sewer lines Sewage lagoon Insecticide storage Direction from well: ENE Lateral lines Feedyard Abandoned water well Direction from well: ENE										
Г				TT			<u> </u>			
┝			ROM	TO	PLUGGING M	ATERIAL				
┝	0 3 Native soil									
┢	3 11.5 Bentonite (<u>4</u> ⁻)					<u> </u>			
┝					MW-26					
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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) 9/17/2013 and this record is true to the best of my knowledge and belief. Kansas Water										
Well Contractor's License No. <u>527</u> . This Water Well Record was completed on (mo/day/year) <u>9/19/2013</u> under the business name of <u>GeoCore Inc.</u> by (signature)										
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.										