

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

1 LOCATION OF WATER WELL: County: <u>F. ANCH</u>	Fraction <u>NE</u> <u>NW 1/4 NW 1/4 NE 1/4 NW 1/4</u>	Section Number <u>4</u>	Township Number <u>T 24 S</u>	Range Number <u>33</u> <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 ☐

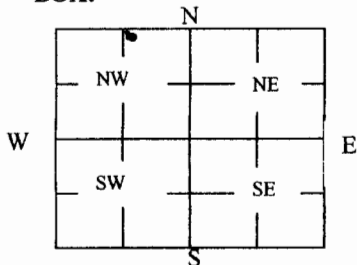
Global Positioning Systems (GPS) information:

Latitude: 38° 00.184 N (in decimal degrees)
 Longitude: 100° 57.143 W (in decimal degrees)
 Elevation: _____
 Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
 Collection Method: _____

2 WATER WELL OWNER: KDOT
 RR#, St. Address, Box #: Eisenhower Bld
700 SW 17th Ave
 City, State ZIP Code: Topeka KS 66603-3745

☒ GPS unit (Make/Model: Magellan Triton)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
 Est. Accuracy: ☒ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 320 ft.

WELL'S STATIC WATER LEVEL 110 ft

WELL WAS USED AS:

<input checked="" 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 type="checkbox"/> Other _____

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

5 TYPE OF BLANK CASING USED:

☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) _____
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 5 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface 48 in.

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

Grout Plug Intervals: From 5 ft. to 12 ft., From _____ ft. to _____ ft., From _____ 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 checked="" type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input checked="" type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? NW
 How many feet? 2000

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
5	12	NEAT cement			
12	50	CLAY Subsoil			
50	320	chlorinated sand			
		PLASTIC CAP ON TOP			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/18/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1451. This Water Well Record was completed on (mo/day/year) 7/15/09 under the business name of Henkle Drilling & Supply Co. Inc by (signature) Bruce J. Henkle

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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>.

Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy