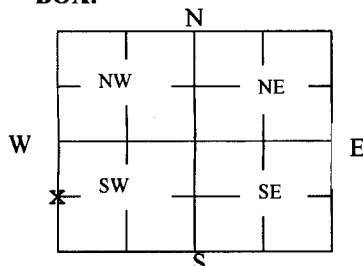


WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

48360 - north well

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 02	Township Number T 25 S	Range Number 1 ☐ E ☒ W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Located approximately 0.5 miles east and 0.75 miles south of Sedgwick, KS		Global Positioning Systems (GPS) information: Latitude: <u>37.901330</u> (in decimal degrees) Longitude: <u>-97.408360</u> (in decimal degrees) Elevation: _____ Horizontal Datum: ☐ WGS84, ☐ NAD83, ☒ NAD27 Collection Method: _____ ☒ GPS unit (Make/Model: <u>Garmin GPSmap 60CSx</u>) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ < 3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ > 15 m		
2 WATER WELL OWNER: Barbara Anne Works Liv Trust RR#, St. Address, Box #: 12158 N Hoover Rd City, State ZIP Code: Sedgwick, KS 67135				

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** 57.5 **ft.**WELL'S STATIC WATER LEVEL 15.64 ft

WELL WAS USED AS:

- | | | |
|--|---|---|
| ☒ Domestic | ☐ Public Water Supply | ☐ Dewatering |
| ☒ Irrigation | ☐ Oil Field Water Supply | ☐ Monitoring |
| ☐ Feedlot | ☐ Domestic (Lawn & Garden) | ☐ Injection Well |
| ☐ Industrial | ☐ Air Conditioning | ☐ 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 8 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface below 36 in.
6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____Grout Plug Intervals: From 15.64 ft. to 3 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|---|
| ☐ Septic tank | ☐ Seepage pit | ☐ Fuel storage | ☒ Other (specify below) |
| ☐ Sewer lines | ☐ Pit privy | ☐ Fertilizer storage | <u>None within 1/4 mile</u> |
| ☐ Watertight sewer lines | ☐ Sewage lagoon | ☐ Insecticide storage | |
| ☐ Lateral lines | ☐ Feedyard | ☐ Abandoned water well | Direction from well? _____ |
| ☐ Cess pool | ☐ Livestock pens | ☐ Oil well/Gas well | How many feet? _____ |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
57.5	15.64	Clean, coarse sand			Well plugging witnessed by
15.64	3	Bentonite Hole Plug			D. Randolph, GMD2 staff,
3	0	Topsoil			on 12/12/2016.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/12/2016 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) 12/20/2016 under the business name of _____ by (signature) Barbara Anne Works Liv Trust

Send one 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.

JAN 05 2017

Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212

Revised 1/20/2015