

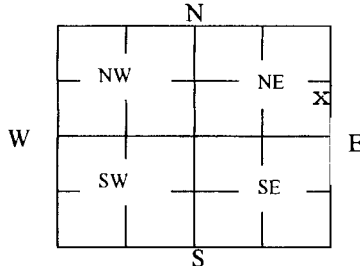
WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

28095

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Approximately 1.25 miles south of <u>Bentley, KS</u>	Fraction <u>1/4 NE 1/4 SE 1/4 NE 1/4</u> Section Number <u>22</u> Township Number <u>T 25 S</u> Range Number <u>2</u> ☐ E ☒ W	Global Positioning Systems (GPS) information: Latitude: <u>37.86424</u> (in decimal degrees) Longitude: <u>-97.51884</u> (in decimal degrees) Elevation: _____ 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: <u>David R Jacob Rev Trust</u> RR#, St. Address, Box #: <u>PO Box 81</u> City, State ZIP Code: <u>Bentley, KS 67016</u>		

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** 31.5 **ft.**WELL'S STATIC WATER LEVEL 9.4 **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 42 in.
6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____Grout Plug Intervals: From 13.5 ft. to 3.5 ft., From _____ ft. to _____ ft., From _____ 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 | |
| ☐ Watertight sewer lines | ☐ Sewage lagoon | ☐ Insecticide storage | |
| ☐ Lateral lines | ☐ Feedyard | ☐ Abandoned water well | Direction from well? <u>north</u> |
| ☐ Cess pool | ☐ Livestock pens | ☐ Oil well/Gas well | How many feet? <u>approx. 150 ft.</u> |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
31.5	13.5	Clean, coarse sand			Well plugging witnessed by
13.5	3.5	Cement grout			D. Randolph, GMD2 staff,
3.5	0	Topsoil			on 3/18/2014

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/18/2014 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) 4/8/2014 under the business name of _____ by (signature) David Jacob

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 _____ for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

RECEIVED

APR 25 2014

 Equus Beds Groundwater
 Management District No. 2