

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

Well #18

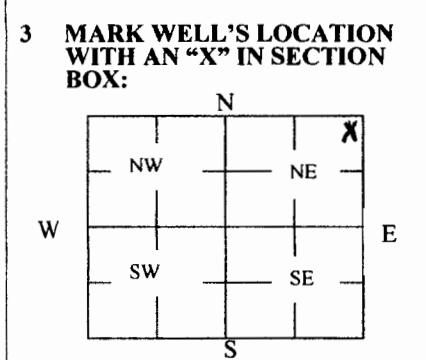
1 **LOCATION OF WATER WELL:** Fraction ¼ NE ¼ NE ¼ NE ¼ Section Number 5 Township Number T 26 S Range Number 19 E W
 County: Edwards

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 6 South of Kinsley

Global Positioning Systems (GPS) information:
 Latitude: 37.8250 (in decimal degrees)
 Longitude: 99.4158 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 **WATER WELL OWNER:** City of Hays
 RR#, St. Address, Box #: P.O. Box 56
 City, State ZIP Code: Hays, KS 67601

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



4 **DEPTH OF WELL** 110 ft.
WELL'S STATIC WATER LEVEL 34 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 16 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 36 in.

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

Grout Plug Intervals: From 34 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 None _____
 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 |
|------|----|--------------------|------|----|--------------------|
| 110 | 34 | Chlorinated gravel | | | |
| 34 | 3 | Cement grout | | | |
| 3 | 0 | Top soil | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-21-18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo/day/year) 2-28-18 under the business name of Rosencrantz- Bemis Ent Inc by (signature) Tora Alife

Send one white 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.