

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

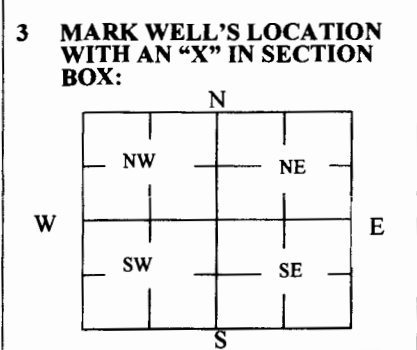
ID NO.

MMW-1

1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 Section Number 31 Township Number T 26 S Range Number 24 E W
 County: FORD

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: 37° 44.56" (in decimal degrees)
 Longitude: 99° 58' 55" (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: CRUST BUSTER/SPEED KING
 RR#, St. Address, Box #: 2800 EAST TRAIL ST.
 City, State ZIP Code: ODDGE CITY, KS 67801
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL: 33' 10" ft.
 WELL'S STATIC WATER LEVEL: DRY 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 2" 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 4' ft. to 33' 10" 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
 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
<u>4'</u>	<u>33' 10"</u>	<u>BENTONITE</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-16-2017 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) 10-16-2017 under the business name of CRUST BUSTER/SPEED KING by (signature) Ronald F. [Signature]

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.