

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

1 LOCATION OF WATER WELL:	Fraction County: <i>Gray</i>	1/4 1/4 <i>NE</i> 1/4 <i>SW</i> 1/4	Section Number <i>28</i>	Township Number <i>26</i> T <i>27</i> S	Range Number <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: _____ (in decimal degrees)
Longitude: _____ (in decimal degrees)

Elevation:

Datum: WGS84, NAD83, NAD27

Collection Method:

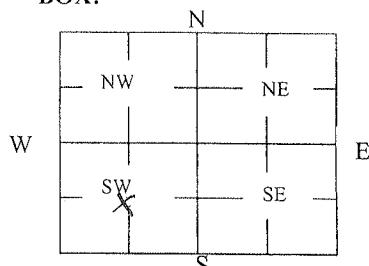
GPS unit (Make/Model: _____)

Digital Map/Photo, Topographic Map, Land Survey

Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: *Orle D Farms LLC*
RR#, St. Address, Box #: *PO Box 195*
City, State ZIP Code: *Chammon, KS 67835*

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



4 DEPTH OF WELL

130 ft.

WELL'S STATIC WATER LEVEL *126* ft

WELL WAS USED AS:

Domestic
 Irrigation
 Feedlot
 Industrial

Public Water Supply
 Oil Field Water Supply
 Domestic (Lawn & Garden)
 Air Conditioning

Dewatering
 Monitoring
 Injection Well
 Other _____

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

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter *16* in. Was casing pulled? Yes No If yes, how much _____
Casing height above or below land surface *60* in.

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

Grout Plug Intervals: From *126* ft. to *125* ft., From *9* ft. to *5* 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 type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? <i>E</i>
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? <i>20</i>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
			<i>130</i>	<i>126</i>	<i>Gravel</i>
			<i>126</i>	<i>125</i>	<i>Bentonite</i>
			<i>125</i>	<i>9</i>	<i>Sand & Clay</i>
			<i>9</i>	<i>8</i>	<i>Bentonite</i>
			<i>8</i>	<i>4 1/2</i>	<i>Quikrete</i>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) *3-15-13* 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) *3-15-13* under the business name of *Dicks Farms* by (signature) *Orle D. Richey*

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>.