

plugging MW-1

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

00074216

|         |                         |                      |                |                 |              |
|---------|-------------------------|----------------------|----------------|-----------------|--------------|
| 1       | LOCATION OF WATER WELL: | Fraction             | Section Number | Township Number | Range Number |
| County: | Sedgwick                | SW 1/4 NE 1/4 NE 1/4 | 15             | 26 S            | 3 W          |

Distance and direction from nearest town or city street address of well if located within city?

248 S Main

|                           |                                           |                                                   |
|---------------------------|-------------------------------------------|---------------------------------------------------|
| 2                         | WATER WELL OWNER: Sedgwick Co. Andale, KS | Board of Agriculture, Division of Water Resources |
| RR #, St. Address, Box #: | 248 S Main                                | Application Number:                               |
| City, State, ZIP Code :   | Andale, KS                                |                                                   |

|                                                                                                                                                                                                                                                   |                                                  |                                                                                                                                                                                                                                                                                                                               |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 3                                                                                                                                                                                                                                                 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4                                                                                                                                                                                                                                                                                                                             | DEPTH OF WELL 55.25 ft |
|                                                                                                                                                                                                                                                   |                                                  | WELL'S STATIC WATER LEVEL 41.82 ft.<br><br>WELL WAS USED AS:<br>1 Domestic      5 Public Water Supply      9 Dewatering<br>2 Irrigation    6 Oil Field Water Supply    10 Monitoring Well MW-1<br>3 Feedlot       7 Domestic (Lawn & Garden)   11 Injection Well<br>4 Industrial    8 Air Conditioning               12 Other |                        |
| Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/><br>If yes, mo/day/yr sample was submitted .....<br><br>Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> |                                                  |                                                                                                                                                                                                                                                                                                                               |                        |

|                                                                                       |                                                                     |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 5                                                                                     | TYPE OF BLANK CASING USED:                                          |
| 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) |                                                                     |
| 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile                          |                                                                     |
| Blank casing diameter 2 in.                                                           | Was casing pulled? Yes <input checked="" type="checkbox"/> No ..... |
| Casing height above or below land surface 6 in.                                       | If yes, how much 3 ft by dig out                                    |

|                                                                                     |                          |                                                                 |
|-------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------|
| 6                                                                                   | GROUT PLUG MATERIAL:     | 1 Neat cement      2 Cement grout      3 Bentonite      4 Other |
| Grout Plug Intervals:                                                               | From 3 ft. to 41.82 ft., | From ..... ft. to ..... ft., From ..... to ..... ft.            |
| What is the nearest source of possible contamination:                               |                          |                                                                 |
| 1 Septic tank      6 Seepage pit      11 Fuel storage      12 Other (specify below) |                          |                                                                 |
| 2 Sewer lines      7 Pit privy      12 Fertilizer storage                           |                          |                                                                 |
| 3 Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage           |                          |                                                                 |
| 4 Lateral lines      9 Feedyard      14 Abandoned water well                        |                          |                                                                 |
| 5 Cess Pool      10 Livestock pens      15 Oil well/Gas well                        |                          |                                                                 |
| Direction from well? ..... How many feet? .....                                     |                          |                                                                 |

Contaminated site

| FROM  | TO    | PLUGGING MATERIALS  |
|-------|-------|---------------------|
| 0     | 3     | Surface silt & clay |
| 3     | 41.82 | Bentonite           |
| 41.82 | 55.25 | chlorinated sand    |
|       |       |                     |
|       |       |                     |
|       |       |                     |

|   |                                                                                                                                                                                                                                                                                                                                                                                  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/13/01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/year) 11/27/01 under the business name of A-1 by (signature) [Signature] |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.