

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

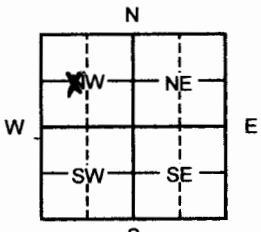
ID NO.

25,516

1 LOCATION OF WATER WELL:		Fraction County: Gray NC E 1/4 NW 1/4	Section Number 25	Township Number 26	Range Number 30 E/W
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Distance and direction from nearest town or city street address of well if located within city? From Charleston, approx. 7 mi.
South & 1/4 mi. East

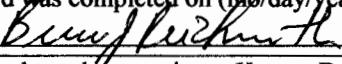
2 WATER WELL OWNER: Dan Miller RR#, St. Address, Box #: PO Box 314 City, State, ZIP Code: Cimarron, Ks, 67835		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL 262 ft. WELL'S STATIC WATER LEVEL 174 ft WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <u> </u> No <u> x </u>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
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5 TYPE OF BLANK CASING USED: <input checked="" type="radio"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
Blank casing diameter 16 in. Was casing pulled? Yes <u> </u> No <u> x </u> If yes, how much _____ Casing height above or below land surface -48 in.

6 GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> 2 Cement grout 3 Bentonite 4 Other _____																				
Grout Plug Intervals: From 4 ft. to 14 ft., From _____ ft. to _____ ft., From _____ to _____ ft.																				
What is the nearest source of possible contamination: <table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel Storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>_____</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td>_____</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td>Direction from well? South & West</td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td>How many feet? 170 & 240</td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel Storage	16 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	Direction from well? South & West	5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? 170 & 240
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FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4	Backfill			
4	14	Cement			
14	174	Clay			
174	262	Sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/2/2008 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145 . This Water Well Record was completed on (mo/day/year) 1/10/2009 under the business name of Henkle Drilling & Supply Co., Inc. by (signature) 

INSTRUCTIONS: Please fill in blanks 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell .
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