NE SW NE SW WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. Fraction 1 Section Number Range Number LOCATION OF WATER WELL:// Township Number 7 s Global Positioning Systems (GPS) information: Street/Rural Address of Well Location; if unknown, distance & (in decimal degrees) Latitude: direction from nearest town or intersection: If at owner's address, Longitude: (in decimal degrees) check here Elevation: 1606 m G WGS84, NAD83, Datum: ☐ NAD27 Collection Method: WATER WELL OWNER: my Borry GPS unit (Make/Model: ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey RR#, St. Address, Box #: 1606 City, State ZIP Code: Est. Accuracy: \square < 3 m, \square 3-5 m, \square 5-15 m, \square > 15 m MARK WELL'S LOCATION WITH AN "X" IN SECTION **DEPTH OF WELL BOX:** WELL'S STATIC WATER LEVEL WELL WAS USED AS: NW NE Domestic Public Water Supply Dewatering Irrigation Oil Field Water Supply **Monitoring** W Feedlot Domestic (Lawn & Garden) Injection Well E Industrial Air Conditioning Other SE Was a chemical/bacteriological sample submitted to Department? Yes No X TYPE OF BLANK CASING USED: RMP (SR) Steel Wrought Fiberglass Other (Specify below) **PVC** ABS Asbestos-Cement Concrete Tile No 📙 If yes, how much Casing height above or below land surface 48 in. Cement grout | Bentonite **GROUT PLUG MATERIAL:** ☐ Neat cement Other ____ From **20** ft. to **3** ft., Grout Plug Intervals: 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 Direction from well? Feedyard Abandoned water well Cess pool Oil well/Gas well Livestock pens How many feet? **FROM** TO PLUGGING MATERIALS PLUGGING MATERIALS TO 20 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ______ and this record is true to the best-of my knowledge and belief. Kansas Water 7 2 This Water Well Regard was completed on (mo/day/year) 3 -/6 / mider the Well Contractor's License No. business name of _______ by (signature) 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.