

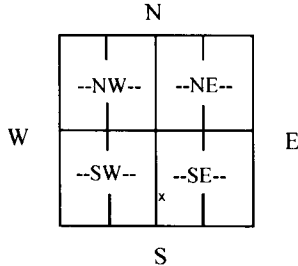
WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

OB 1-12

1 LOCATION OF WATER WELL: County: Kingman Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Located at 401 W. Third St. in Cunningham.	Fraction SW 1/4 NW 1/4 SW 1/4 SE 1/4 Section Number 32	Township Number T 27 S	Range Number 10 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Global Positioning Systems (GPS) information: Latitude: 37.647465 (in decimal degrees) Longitude: -98.437 (in decimal degrees) Elevation: Unknown Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: WAAS) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
2 WATER WELL OWNER: City of Cunningham RR#, St. Address, Box #: P.O. Box 188 City, State ZIP Code: Cunningham, KS 67035				

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** 105 **ft.**WELL'S STATIC WATER LEVEL 20 **ft**

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input checked="" type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒**5 TYPE OF BLANK CASING USED:**

- | | | | | |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Other (Specify below) _____ |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | |

 Blank casing diameter 2 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface. 36 in.
6 GROUT PLUG MATERIAL:

- ☐
- Neat cement
- ☐
- Cement grout
- ☒
- Bentonite
- ☐
- Other _____

Grout Plug Intervals: From 2 ft. to 105 ft., From _____ ft. to _____ 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 checked="" type="checkbox"/> Other (specify below) <u>None Known</u> |
| <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? _____ |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? _____ |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	2	Compacted Soil			
2	105	Bentonite Chips			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 05/14/20 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185. This Water Well Record was completed on (mo/day/year) 05/19/20 under the business name of Clarke Well & Equipment, Inc. by (signature) [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/1-index.html>.