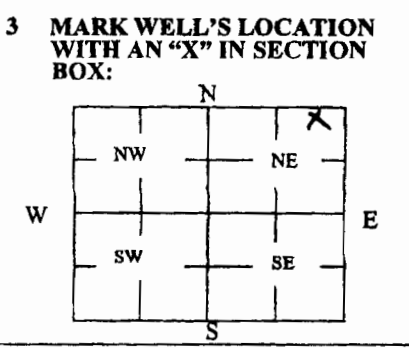


WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. []

1 LOCATION OF WATER WELL: Fraction NW 1/4 NE 1/4 NE 1/4 NE 1/4 Section Number 31 Township Number T27N S Range Number 11 E W

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: 37 39' 32.4" (in decimal degrees) Longitude: 98 33' 34.2" (in decimal degrees) Elevation: 1720 Datum: WGS84, NAD83, NAD27

2 WATER WELL OWNER: U.S. Geological Survey RR#, St. Address, Box #: 4821 Quail Crest Place City, State ZIP Code: Lawrence, KS, 66099 Collection Method: GPS unit (Make/Model: Garmin) Digital Map/Photo, Topographic Map, Land Survey Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m



4 DEPTH OF WELL 101 ft. WELL'S STATIC WATER LEVEL Surface ft. WELL WAS USED AS: Domestic Public Water Supply Dewatering Irrigation Oil Field Water Supply Monitoring Feedlot Domestic (Lawn & Garden) Injection Well Industrial Air Conditioning Other _____ Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED: Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Asbestos-Cement 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 101 ft. to 3 ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feedyard Abandoned water well Other (specify below) Cess pool Livestock pens Oil well/Gas well Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>101</u>	<u>3</u>	<u>Cement</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/19/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 823. This Water Well Record was completed on (mo/day/year) 5/19/10 under the business name of U.S. Geological Survey 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/index.html>.

Check one: White Copy Blue Copy Pink Copy