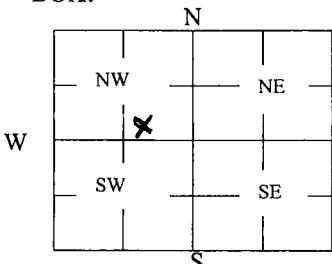


WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4	Section Number 22	Township Number T-27 S-28	Range Number R-30 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																										
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"/>			Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method:																																												
2 WATER WELL OWNER: <i>Hamilton Bros</i> RR#, St. Address, Box #: <i>PO Box 149</i> City, State ZIP Code: <i>Ensign, KS 67841</i>			<input type="checkbox"/> GPS unit (Make/Model): _____ <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>300</u> ft. WELL'S STATIC WATER LEVEL <u>220</u> ft WELL WAS USED AS:																																													
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____																																													
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																															
5 TYPE OF BLANK CASING USED:																																															
<input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Other (Specify below) _____																																															
Blank casing diameter <u>15</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or <u>below</u> land surface <u>8 ft</u> in. <i>→ dug down 8' ft. cut off</i>																																															
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																																															
Grout Plug Intervals: From <u>3</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																															
What is the nearest source of possible contamination: <u>none</u>																																															
<input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool		<input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens		<input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well																																											
Direction from well? _____ How many feet? _____																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">FROM</th> <th style="width: 15%;">TO</th> <th style="width: 60%;">PLUGGING MATERIALS</th> <th style="width: 15%;">FROM</th> <th style="width: 15%;">TO</th> <th style="width: 60%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>8 ft</u></td> <td><u>Top Soil</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>8'</u></td> <td><u>18 ft</u></td> <td><u>bentonite</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>18'</u></td> <td><u>300ft</u></td> <td><u>Sand</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>8 ft</u>	<u>Top Soil</u>				<u>8'</u>	<u>18 ft</u>	<u>bentonite</u>				<u>18'</u>	<u>300ft</u>	<u>Sand</u>																					
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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 Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) <u>6-19-18</u> under the business name of _____ by (signature) <u>Tony Hamilton</u>																																															
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.																																															