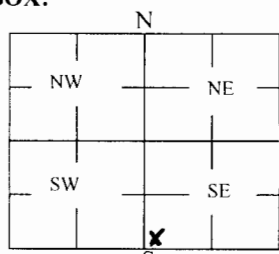


# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: <b>Pratt</b> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> <b>254 SW 10th Street, Pratt, KS 67124</b>	Fraction Sw 1/4 Sw 1/4 Sw 1/4 Se 1/4	Section Number <b>4</b>	Township Number <b>T 28 S</b>	Range Number <b>13</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																
<b>2 WATER WELL OWNER:</b> <b>Nancy L. Brown-McClain, RT</b> RR#, St. Address, Box #: <b>P.O. Box 1021</b> City, State ZIP Code: <b>Pratt, KS 67124</b>		<b>Global Positioning Systems (GPS) information:</b> Latitude: <b>37.631698</b> (in decimal degrees) Longitude: <b>-98.748272</b> (in decimal degrees) Elevation: <b>1858.8</b> Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <b>I-Phone 5s</b> ) <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 checked="" type="checkbox"/> > 15 m																																																		
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF WELL</b> <b>31</b> ft. WELL'S STATIC WATER LEVEL <b>7</b> ft. WELL WAS USED AS: <input checked="" 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 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																			
<b>5 TYPE OF BLANK CASING USED:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) _____ <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile Blank casing diameter <b>6"</b> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <b>36 below</b> in.																																																				
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <b>3</b> ft. to <b>31</b> ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> Seepage pit <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Other (specify below) _____ <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? <b>West</b> <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well How many feet? <b>125</b>																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>31</td> <td>3</td> <td>Bentonite</td> <td></td> <td></td> <td>Clinesmith Old Original Water well</td> </tr> <tr> <td>3</td> <td>0</td> <td>Top soil</td> <td></td> <td></td> <td>Nancy L. Brown-McClain, Rev. Trust</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>P.O. Box 1021</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Pratt, KS 67124</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	31	3	Bentonite			Clinesmith Old Original Water well	3	0	Top soil			Nancy L. Brown-McClain, Rev. Trust						P.O. Box 1021						Pratt, KS 67124																		
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>04/11/14</b> 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) <b>04/21/14</b> under the business name of <b>Nancy L. Brown-McClain, Rev Trust, Landowner</b> by (signature) <i>Nancy L. Brown-McClain</i>																																																				
<b>INSTRUCTIONS:</b> Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																																																				