CORRECTED

WATER WELL PLUGGING RECORD **Form WWC-5P** **KSA 82a-1212** **ID NO.** MW2

1 LOCATION OF WATER WELL: County: Ford	Fraction: SE ¼ NW ¼ SE ¼ NE ¼	Section Number: 29	Township Number: T 28 S	Range Number: 22 [ ] E [X] W

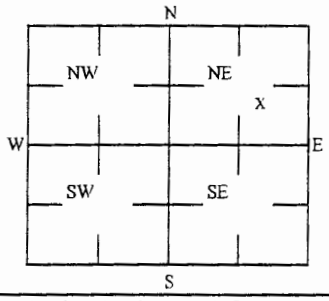
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [ ]

400 N. Main St., Spearville, KS

Global Positioning Systems (GPS) information:
Latitude: NA (in decimal degrees)
Longitude: NA (in decimal degrees)
Elevation: NA
Horizontal Datum [ ] WGS84, [ ] NAD83, [ ] NAD27
Collection Method:
[ ] GPS unit (Make/model: ____)
[ ] Digital Map/Photo, [ ] Topographic Map [ ] Land Survey
Est. Accuracy: [ ] <3 m, [ ] 3-5 m, [ ] 5-15 m, [ ] >15 m

2 **WATER WELL OWNER:** KDHE
RR#, St. Address, Box #: 1000 SW Jackson Blvd.
City, State ZIP Code: Topeka, KS 66612

3 **MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**



4 **DEPTH OF WELL** 95.2 ft. MW2

WELL'S STATIC WATER LEVEL NA ft

WELL WAS USED AS:

[ ] Domestic [ ] Public Water Supply [ ] Dewatering
[ ] Irrigation [ ] Oil Field Water Supply [X] Monitoring
[ ] Feedlot [ ] Domestic (Lawn & Garden) [ ] Injetion Well
[ ] Industrial [ ] Air Conditioning [ ] Other ____

Was a chemical/bacteriological sample submitted to Department? Yes [ ] No [X]

5 **TYPE OF BLANK CASING USED:**

[ ] Steel [ ] RMP (SR) [ ] Wrought [ ] Fiberglass [ ] Other (Specific below)
[X] PVC [ ] ABS [ ] Asbestos-Cement [ ] Concrete Tile

Blank casing diameter 4 in. Was casing pulled? Yes [X] No [ ] If yes, how much 3'
Casing heigh above or below land surface NA in.

6 **GROUT PLUG MATERIAL:** [X] Neat cement [ ] Cement grout [ ] Bentonite [X] Other Soil: 0-1'

Grout Plug Intervals: From 1 ft to 95.2 ft, 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 [ ] Feed yard [ ] Abandoned water well Direction from well? ____
[ ] Cess pool [ ] Livestock pens [ ] Oil well/Gas well How many feet? ____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	1	Soil			
1	95.2	Neat cement			
			KDHE ID:	Quality Parts & Service; U1-029-10250	

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/7/2016 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 4/15/2016 under the business name of Larsen & Associates, Inc. By (signature) ____

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.