

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

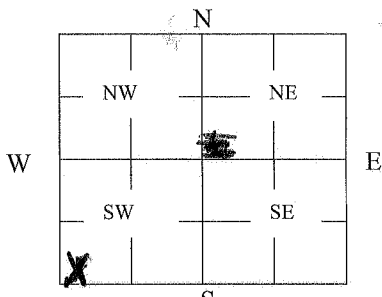
862

1 LOCATION OF WATER WELL: County: <u>Ford</u>	Fraction <u>NE</u> <u>SW 1/4 SW 1/4</u>	Section Number <u>34</u>	Township Number <u>29-S</u>	Range Number <u>25 W E 10</u>
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Distance and direction from nearest town or city street address of well if located within city?

From Minneapolis 2S 1W 34S 1/2W

2 WATER WELL OWNER: <u>WANDA Ratzloff</u> RR#, St. Address, Box #: <u>111 Chestnut</u> City, State ZIP Code: <u>Minneapolis KS 67865</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>140</u> ft. WELL'S STATIC WATER LEVEL <u>98</u> ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring 11 Injection Well 12 Other _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>
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5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____	Blank casing diameter <u>5</u> in. Was casing pulled? Yes _____ No <u>X</u> If yes, how much _____ Casing height above or below land surface <u>48</u> in.
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Sand</u>	Grout Plug Intervals: From <u>140</u> ft. to <u>14</u> ft., From <u>14</u> ft. to <u>4</u> ft., From <u>-</u> to <u>-</u> ft. <u>PVC cap on top</u>
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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 checked="" 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 checked="" type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? <u>East</u>
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? <u>1/2 mile</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
140'	14'	Gravel	14'	4'	Bentonite PVC Cap on top

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-18-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 862. This Water Well Record was completed on (mo/day/year) 1-8-14 under the business name of AI'S H2O Service + Repair by (signature) Andrew S. [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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.