

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

MW 101

1 LOCATION OF WATER WELL: County: GRANT	Fraction ¼ NW ¼ NW ¼ SW ¼	Section Number 25	Township Number T 29 S	Range Number 35 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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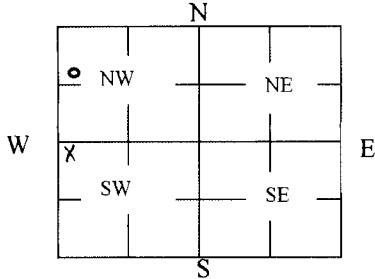
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:
 Latitude: 37.4958013 (in decimal degrees)
 Longitude: -101.1061711 (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER: ADM
 RR#, St. Address, Box #: PO BOX 1470
 City, State ZIP Code: DECATUR, IL 62525

GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

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



4 DEPTH OF WELL 361 ft.
 WELL'S STATIC WATER LEVEL DRY ft.

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|--|
| <input 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 checked="" 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 No

5 TYPE OF BLANK CASING USED:

- | | | | | |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Other (Specify below) |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | _____ |

Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much TOP 4'
 Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|--|--|
| <input 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 checked="" 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? <u>NORTH</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>80</u> |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
350'	4'	BENTONITE CHIPS 12x50 lb bags			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/12/15 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) 1/31/15 under the business name of SAND CREEK CONSULTANTS, INC by (signature) Bart Sexton

INSTRUCTIONS: 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 <http://www.kdheks.gov/waterwell/index.html>.



February 2, 2015

Kansas Department of Health and Environment
Bureau of Water, Geology Section
1000 SW Jackson Street, Suite 420
Topeka, KS 66612-1367

Re: ADM Grain – Ryus Facility
Highway 190
Ryus, Kansas
VCP No. 07VCP0040

Subject: Monitoring Well Abandonment Forms

Dear Kansas Department of Health and Environment:

Sand Creek Consultants, Inc. (Sand Creek), on behalf of Archer Daniels Midland Company Grain, submits Form WWC-5P for the abandonment of Monitoring Well MW 101 and MW 102 at the Ryus Facility.

If you have any questions or concerns, please contact me at 715.365.1818 or at bart.sexton@sand-creek.com. Your call with questions on this matter will receive my prompt response.

Sincerely,

SAND CREEK CONSULTANTS, INC.

Bart Sexton, MS
Senior Soil Scientist

Enclosures: WWC-5P for MW 101 and MW 102

cc: Mr. Gary Richards/KDHE, via email only
Mr. Brandon Daniels/Archer Daniels Midland Company, via email/ADM SharePoint only
Ms. Sarah O'Sullivan/Archer Daniels Midland Company, via email only

RECEIVED

FEB 05 2015

BUREAU OF WATER