

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

UST MW-9

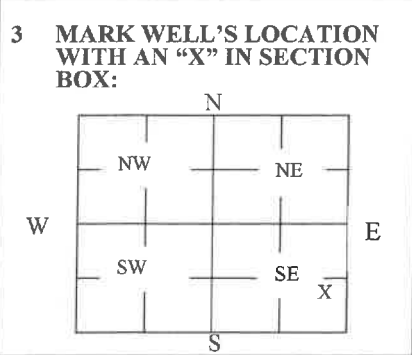
1 LOCATION OF WATER WELL: County: Norton	Fraction NE ¼ SE ¼ SE ¼ ¼	Section Number 8	Township Number T 2 S	Range Number 21 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 307 Railroad, Alma, KS

Global Positioning Systems (GPS) information:
 Latitude: 39.8897341 (in decimal degrees)
 Longitude: -99.708367 (in decimal degrees)
 Elevation: 2152.26 (Top of Casing)
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER: Koch Rem and Envr Svcs
 RR#, St. Address, Box #: 4111 E. 37th St N
 City, State ZIP Code: Wichita, KS 67220

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



4 DEPTH OF WELL 30.5 ft.
 WELL'S STATIC WATER LEVEL 21.75 ft
 WELL WAS USED AS:

<input type="checkbox"/> Domestic Irrigation	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring
<input type="checkbox"/> Industrial	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
	<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 2.375 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface Flush in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other See Below

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

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input checked="" 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? North-Northeast
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? 70

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
		Well installed under KDHE BER Project.			
		Unable to locate well with metal detector, GPS, and skid steer.			
		Well likely destroyed during railroad track removal activities.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) Unknown 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) 10/22/2019 under the business name of Kennedy/Jenks Consultants 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.