

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

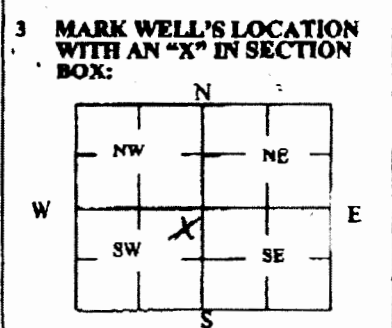
1 **LOCATION OF WATER WELL:** Fraction NE 1/4 NE 1/4 SW 1/4 Section Number 25-2-22 Township Number T S Range Number E W
 County: NOCTON

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: 39.84954 (in decimal degrees)
 Longitude: -99.74905 (in decimal degrees)
 Elevation:
 Datum: WGS84, NAD83, NAD27
 Collection Method:

2 **WATER WELL OWNER:** KIM KENDALL
 RR#, St. Address, Box #: 28470 RD 1000E
 City, State ZIP Code: ALMONA KS 66622

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** 62 ft.
WELL'S STATIC WATER LEVEL 20 ft.
WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 **TYPE OF BLANK CASING USED:**
 Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile
 Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 5 FT in.

6 **GROUT PLUG MATERIAL:** Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From _____ ft. to _____ 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 Feedyard 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
62'	40'	SAND FILL			
40	36'	BENTONITE			
36	13'	SAND FILL			
13	8	CONCRETE			
8	0	SOIL (DIRT)			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-29-16 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) _____ under the business name of GARRETT PLUMBING HEATING & ELECT by (signature) [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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

E-mailed to Debbie 4-5-16