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

1 LOCATION OF WATER WELL: County: Republic	Fraction: E ½ NW ¼	Section Number: 6	Township Number: 2	Range Number: 5 E/W

Distance and direction from nearest town or city street address of well if located within city?
9 miles North Courtland 1½ miles West

2 WATER WELL OWNER: Janna Brennecke

RR#, St. Address, Box #: 213 NE 17th St.

City, State ZIP Code: Ankeny IA 50021

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

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

N
NW X NE
W E
SW SE
S

4 DEPTH OF WELL 20 ft.

WELL'S STATIC WATER LEVEL 12 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 ✓

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) Lime stone

Blank casing diameter 56 in. Was casing pulled? Yes X No _____ If yes, how much 4½
Casing height above or below land surface 56 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other _____

Grout Plug Intervals: From 0 ft. to 4½ ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
1 Septic tank
2 Sewer lines
3 Watertight sewer lines
4 Lateral lines
5 Cess pool
6 Seepage pit
7 Pit privy
8 Sewage lagoon
9 Feedyard
10 Livestock pens
11 Fuel Storage
12 Fertilizer storage
13 Insecticide storage
14 Abandoned water well
15 Oil well/Gas well
16 Other (specify below) In trees

Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4½	Topsoil			
4½	5	Bentonite			
5	12	Dirt			
12	20	Gravel & Clorine			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-15-08 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) 10-15-08 under the business name of Jim File by (signature) Jim File

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.