| WATER WELL PLUGGING RECORD   Form WWC-5P   KSA 82a-1212 129BN9.    1 LOCATION OF WATER WELL:   Fraction   County:   Section Number   Township Number   Towns | grees) grees) grees |
|--|---------------------|
| direction from nearest town or intersection: If at owner's address, check here     Latitude:   | grees) grees) grees |
| direction from nearest town or intersection: If at owner's address, check here     Latitude:   | grees)              |
| Blevation: Datum:  | vey                 |
| 2 WATER WELL OWNER: RR#, St. Address, Box #: City, State ZIP Code:  3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL WAS USED AS:  Domestic Irrigation Feedlot Industrial N Was a chemical/bacteriological sample submitted to Department? Yes N Was a chemical/bacteriological sample submitted to Department? Yes No  Collection Method: GPS unit (Make/Model: Doigital Map/Photo, ☐ Topographic Map, ☐ Land Survey Topographic Map, ☐  | ey                  |
| RR#, St. Address, Box #: City, State ZIP Code:    Digital Map/Photo,   | ey                  |
| City, State ZIP Code:    Est. Accuracy:  |                     |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVEL  | m_                  |
| WITH AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL   |                     |
| WELL'S STATIC WATER LEVEL  |                     |
| WELL WAS USED AS:    Domestic  |                     |
| W   Irrigation   Oil Field Water Supply   Monitoring   Injection Well   Other   Other  |                     |
| W   Irrigation   Domestic (Lawn & Garden)   Injection Well   Industrial   Air Conditioning   Other   Was a chemical/bacteriological sample submitted to Department? Yes   No   |                     |
| SW SE Industrial Air Conditioning Other Was a chemical/bacteriological sample submitted to Department? Yes No  |                     |
| Was a chemical/bacteriological sample submitted to Department? Yes No  |                     |
| S  |                     |
| 5 TYPE OF BLANK CASING USED:   |                     |
|  |                     |
| Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile  |                     |
| Blank casing diameter in. Was casing pulled? Yes \( \subseteq \) No \( \subseteq \) If yes, how much Casing height above or below land surface in.   |                     |
| 6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other  |                     |
| Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft.   |                     |
| What is the nearest source of possible contamination:  |                     |
| Septic tank Seepage pit Sewer lines Seepage pit Pit privy Fuel storage Fertilizer storage Other (specify below) Fertilizer storage   |                     |
| Watertight sewer lines   Sewage lagoon   Insecticide storage   |                     |
| Lateral lines Feedyard Abandoned water well Direction from well?   |                     |
| FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas   |                     |
| Well Contractor's License No and this record is true to the best of my knowledge and benefit. Kansas Well Contractor's License No und business name of by (signature) und  | er the              |
|  |                     |
| Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.   |                     |

KSA82a-1212

Revised 1/29/2014