

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

33,047

1 LOCATION OF WATER WELL: County: Seward	Fraction SW ¼ SW ¼ SE ¼ ¼	Section Number 31	Township Number T 34 S	Range Number 33 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	------------------------------	----------------------	---------------------------	---

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 3rd and Industrial

Liberal, KS, 67901

Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27

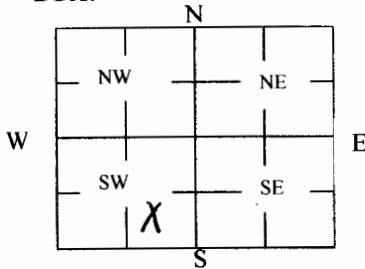
Collection Method:

GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey

Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: City of Liberal
 RR#, St. Address, Box #: 1021 N Grant
 City, State ZIP Code: Liberal, KS, 67901

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



4 DEPTH OF WELL 470 ft.

WELL'S STATIC WATER LEVEL 160 ft

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Domestic | <input checked="" type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input 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:

- Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 16 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 5FT 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 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? <u>SW</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>150 FT</u> |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
470'	160'	Sand and Gravel			
160'	15'	Clay			
15'	5'	Bentonite			
5'	0'	Cement Grout			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/29/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. na. This Water Well Record was completed on (mo/day/year) 1/10/11 under the business name of City of Liberal - Water Department 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>.

Check one: White Copy Blue Copy Pink Copy