| WATER WELL PLUGGING | RECORD Form WW | /C-5P KSA 8 | 2a-1212 ID NO. | MW-20 |
|--|--|----------------|--|--------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | | Range Number |
| | *************************************** | 1/4 29 | T 34 S | 43 □E ☑W |
| Street/Rural Address of Well Location: direction from nearest town or intersect check here | Global Positioning Systems (GPS) information: Latitude: 37.061167083 (in decimal degrees) Longitude: -102.0111157485 (in decimal degrees) Elevation: Datum: WGS84, NAD83, NAD27 | | | |
| 4 Miles North and 6.75 Miles West o | Collection Method: | | | |
| 2 WATER WELL OWNER: Ana RR#, St. Address, Box #: 120 City, State ZIP Code: The | GPS unit (Make/Model: □ Digital Map/Photo, □ Topographic Map, □ Land Survey Est. Accuracy: □ < 3 m. □ 3-5 m. □ 5-15 m. □ > 15 m | | | |
| 3 MARK WELL'S LOCATION 4 DEPTH OF WELL 36' ft. | | | | |
| BOX: WELL'S STATIC WATER LEVEL 28.7' ft | | | | |
| WELL WAS USED AS: | | | | |
| W NE Domestic Irrigation Feedlot Industrial Domestic (Lawn & Garden) Air Conditioning Dewatering Monitoring Injection Well Other | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒ | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | |
| Steel RMP (SR) Wrought Concrete Tile Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much Top 3 feet pulled Casing height above or below land surface in. | | | | |
| 6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: From 36' ft. to 3' ft., From ft. to ft., From ft. to ft., From ft. | | | | |
| What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage | | | | |
| Lateral lines Feedyard Abandoned water well Direction from well? Cess pool Direction from well? Oil well/Gas well How many feet? | | | | |
| FROM TO PLU | GGING MATERIALS | FROM TO | PLUGGING | MATERIALS |
| 36' 3' | Bentonite | 3' 0' | Soil | MATERIALS |
| | Market or the state of the stat | | The state of the s | |
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| | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was | | | | |
| completed on (mo/day/year) 2/7/2019 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 976. This Water Well Record was completed of (mo/day/year) 3/1/5 under the business name of Cascade by (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. | | | | |