CORRECTED

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. MW2A

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Decatur	NE ¼ NE ¼ NE ¼ NE ¼	2	T 3 S	29 E [X] W

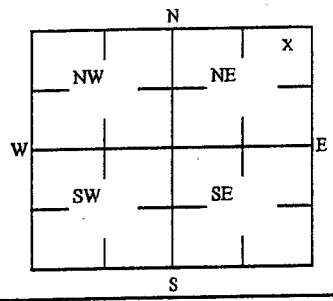
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [ ]

504 W. Frontier Parkway, Oberlin, KS

Global Positioning Systems (GPS) information:
Latitude: NA (in decimal degrees)
Longitude: NA (in decimal degrees)
Elevation: NA
Horizontal 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:** Kathka, Elmer
RR#, St. Address, Box #: 712 E. Commercial St.
City, State ZIP Code: Oberlin, KS 67749

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



4 **DEPTH OF WELL** 105 ft. MW2A

WELL'S STATIC WATER LEVEL ____ ft

WELL WAS USED AS:

[ ] Domestic [ ] Irrigation [ ] Feedlot [ ] Industrial
[ ] Public Water Supply [ ] Oil Field Water Supply [ ] Domestic (Lawn & Garden) [ ] Air Conditioning
[ ] Dewatering [X] Monitoring [ ] Injetion Well [ ] Other ____

Was a chemical/bacteriological sample submitted to Department? Yes [ ] No [X]

5 **TYPE OF BLANK CASING USED:**

[ ] Steel [X] PVC [ ] RMP (SR) [ ] ABS [ ] Wrought [ ] Asbestos-Cement [ ] Fiberglass [ ] Concrete Tile [ ] Other (Specific below) ____

Blank casing diameter 2 in. Was casing pulled? Yes [ ] No [X] If yes, how much ____
Casing heigh above or below land surface NA in.

6 **GROUT PLUG MATERIAL:** [ ] Neat cement [ ] Cement grout [X] Bentonite [X] Other Concrete: 0-1; Flowable fill: 9-105'

Grout Plug Intervals: From 1 ft to 9 ft, From ____ ft to ____ ft, From ____ ft to ____ ft,

What is the nearest source of possible contamination:

[ ] Septic tank [ ] Sewer lines [ ] Watertight sewer lines [ ] Lateral lines [ ] Cess pool
[ ] Seepage pit [ ] Pit privy [ ] Sewage lagoon [ ] Feed yard [ ] Livestock pens
[ ] Fuel storage [ ] Fertilizer storage [ ] Insecticide storage [ ] Abandoned water well [ ] Oil well/Gas well
[ ] Other (specify below) ____

Direction from well? ____
How many feet? ____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	1	Concrete			
1	9	Bentonite			
9	105	Flowable fill			
			KDHE ID:		Fifth Wheel, Inc.; U6-020-00467

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/11-12/16 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 2/4/2016 under the business name of Larsen & Associates. Inc. By (signature) ____

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records
Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.

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