

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

|                                                     |                                         |                             |                             |                               |
|-----------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------|-------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <u>Decatur</u> | Fraction<br><u>SW 1/4 SW 1/4 SW 1/4</u> | Section Number<br><u>33</u> | Township Number<br><u>4</u> | Range Number<br><u>27</u> E/W |
|-----------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------|-------------------------------|

Distance and direction from nearest town or city street address of well if located within city?

3 1/2 miles NE of Dresden

|                                                                                                                                                                |                                                                                                                                                                                                       |
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| 2 WATER WELL OWNER:<br><u>Arlene Sanns</u><br>RR#, St. Address, Box #:<br><u>15040 Red Rock Rd.</u><br>City, State ZIP Code:<br><u>Reno, Nevada 89506-9530</u> | Global Positioning Systems (decimal degrees, min. of 4 digits)<br>Latitude: <u>39.65504</u><br>Longitude: <u>100.36638</u><br>Elevation: <u>2602</u><br>Datum: _____<br>Data Collection Method: _____ |
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| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><br><div style="text-align: center;">             N<br/> <table border="1"> <tr> <td>NW</td> <td></td> <td>NE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> </table>             S<br/>             W                      E         </div> | NW                         |                   | NE |  |  |  | SW |  | SE | 4 DEPTH OF WELL <u>100</u> ft.<br><br>WELL'S STATIC WATER LEVEL <u>Wet at 100</u> ft.<br><br>WELL WAS USED AS:<br><table border="0"> <tr> <td><input checked="" type="radio"/> Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> | <input checked="" type="radio"/> Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| NW                                                                                                                                                                                                                                                                                                                                                   |                            | NE                |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                       |              |              |                          |               |           |                            |                   |              |                    |                |
|                                                                                                                                                                                                                                                                                                                                                      |                            |                   |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| SW                                                                                                                                                                                                                                                                                                                                                   |                            | SE                |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| <input checked="" type="radio"/> Domestic                                                                                                                                                                                                                                                                                                            | 5 Public Water Supply      | 9 Dewatering      |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                         | 6 Oil Field Water Supply   | 10 Monitoring     |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                            | 7 Domestic (Lawn & Garden) | 11 Injection Well |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                         | 8 Air Conditioning         | 12 Other _____    |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                       |              |              |                          |               |           |                            |                   |              |                    |                |

|                                                                                                                                                                                                        |
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| 5 TYPE OF BLANK CASING USED:<br><input checked="" type="radio"/> Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)<br>2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile |
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Blank casing diameter 5 in. Was casing pulled? Yes ☒ No \_\_\_\_\_ If yes, how much 3'  
 Casing height above or below land surface -36' in.

|                        |               |                |                                            |               |
|------------------------|---------------|----------------|--------------------------------------------|---------------|
| 6 GROUT PLUG MATERIAL: | 1 Neat cement | 2 Cement grout | <input checked="" type="radio"/> Bentonite | 4 Other _____ |
|------------------------|---------------|----------------|--------------------------------------------|---------------|

Grout Plug Intervals: From -98 ft. to -93 ft., From -13 ft. to -3 ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

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

| FROM  | TO      | PLUGGING MATERIALS                              | FROM | TO | PLUGGING MATERIALS |
|-------|---------|-------------------------------------------------|------|----|--------------------|
| -100' | -98'    | 5 gal 4-1 water to chlorox mixture then 2' sand |      |    |                    |
| -98'  | -93'    | Bentonite                                       |      |    |                    |
| -93'  | -13'    | Clayey native material                          |      |    |                    |
| -13'  | -3'     | Bentonite                                       |      |    |                    |
| -3'   | Surface | Top Soil                                        |      |    |                    |
|       |         |                                                 |      |    |                    |
|       |         |                                                 |      |    |                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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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) <u>6-12-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>398</u> . This Water Well Record was completed on (mo/day/year) <u>6-15-09</u> under the business name of <u>Delley Drilling Co.</u> by (signature) <u>Rich O. Delley</u> |
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**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>.