

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

1 LOCATION OF WATER WELL: County: Decatur	Fraction ¼ nw ¼ nw ¼ nw ¼	Section Number 19	Township Number T 5 S	Range Number 26 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☒

Global Positioning Systems (GPS) information:

Latitude: **39.610526** (in decimal degrees)

Longitude: **100.290973** (in decimal degrees)

Elevation:

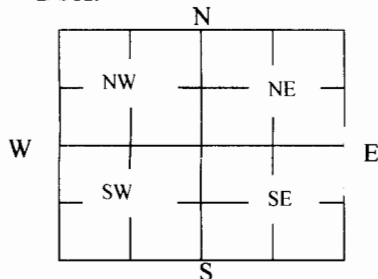
Horizontal Datum: ☐ WGS84, ☐ NAD83, ☒ NAD27

Collection Method:

2 WATER WELL OWNER: Max Mizer
RR#, St. Address, Box #: **2405 D Lane**
City, State ZIP Code: **Jennings, KS 67643**

☒ GPS unit (Make/Model: **garmin montana 650T**)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

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

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

4 DEPTH OF WELL 189 **ft.**

WELL'S STATIC WATER LEVEL 140 ft

WELL WAS USED AS:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Domestic | <input 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 5 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
Casing height above or below land surface -36 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other

Grout Plug Intervals: From 137 ft. to 140 ft., From 3 ft. to 6 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input 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 | |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | |
- Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	native clay			
3	6	bentonite			
6	137	native clay			
137	140	bentonite			
140	189	chlorinated sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-23-17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 838. This Water Well Record was completed on (mo/day/year) 7-11-17 under the business name of RMD Drilling & Well Service, LLC by (signature) [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.