WATER WELL PLUGGING RECORD Form WWC-5P

1. LOCATION OF WATER WELL:
   - County: Cloud
   - 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: 39.563959
     - Longitude: -97.674588
     - Horizontal Datum: WGS84
     - Collection Method: GPS unit (Make/Model:  )
     - Est. Accuracy: [ ] < 3 m, [ ] 3-5 m, [ ] 5-15 m, [ ] > 15 m

2. WATER WELL OWNER:
   - City of Concordia
   - RR#, St. Address, Box #: P.O. Box 603
   - Global Positioning Systems (GPS) information:
     - Latitude: [ ]
     - Longitude: [ ]
     - Elevation: [ ]
     - Horizontal Datum: [ ]
     - Collection Method: [ ]
     - Est. Accuracy: [ ]

3. MARK WELL’S LOCATION WITH AN “X” IN SECTION BOX:
   - N
     - NW
     - NE
   - W
     - SW
     - SE

4. DEPTH OF WELL
   - Depth of Well: 80 ft.
   - Well’s Static Water Level: < 60 ft.
   - Well was used as:
     - Domestic
     - Irrigation
     - Feedlot
     - Industrial
     - Public Water Supply
     - Oil Field Water Supply
     - Domestic (Lawn & Garden)
     - Dewatering
     - Monitoring
     - Injection Well
     - Other
   - Was a chemical/bacteriological sample submitted to Department? Yes [ ] No [x]

5. TYPE OF BLANK CASING USED:
   - [ ] Steel
   - [ ] PVC
   - [ ] ABS
   - [ ] Wrought
   - [ ] Asbestos-Cement
   - [ ] Fiberglass
   - [ ] Concrete Tile
   - [ ] Other (Specify below)
   - Blank casing diameter: 6 in.
   - Was casing pulled? Yes [x] No [ ]
   - Casing height above or below land surface: 240 in.

6. GROUT PLUG MATERIAL:
   - [x] Neat cement
   - [ ] Cement grout
   - [ ] Bentonite
   - Other [ ]
   - Grout Plug Intervals:
     - From 80 ft. to 50 ft.
     - From 55 ft. to 0 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
       - Feedyard
       - Livestock pens
       - Fuel storage
       - Fertilizer storage
       - Insecticide storage
       - Abandoned water well
       - Oil well/Gas well
       - Other (specify below)

7. CONTRACTOR’S OR LANDOWNER’S CERTIFICATION:
   - This water well was plugged under my jurisdiction and was completed on (mo/day/year) April 18/2024 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor’s License No. N/A. This Water Well Record was completed on (mo/day/year) 5/21/24 under the business name of Smith Construction Services 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.