

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

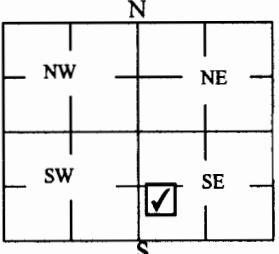
ID NO.

0043987

1 LOCATION OF WATER WELL: County: <u>Thomas</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> 1615 West 4th Street; Colby KS 67701	Fraction <u>1/4 NW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>36</u>	Township Number <u>T 7 S</u>	Range Number <u>34</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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2 WATER WELL OWNER: Kabredlo's Inc.
 RR#, St. Address, Box #: 2601 West Street Suite A
 City, State ZIP Code: Lincoln NE 68522

Global Positioning Systems (GPS) information:
 Latitude: 39.2349889 (in decimal degrees)
 Longitude: 101.034324 (in decimal degrees)
 Elevation: TOC 3164.40'
 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

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


4 DEPTH OF WELL 146.66 ft.
 WELL'S STATIC WATER LEVE 130.68 ft.
 WELL WAS USED AS:

☐ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☐ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

☐ Dewatering
☒ Monitoring MW - 5
☐ Injection Well
☐ 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 4" in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3'
 Casing height above or below land surface -36 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____
 Grout Plug Intervals: From 3 ft. to 146.7 ft., From _____ ft. to _____ ft., From _____ 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) _____
 Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	1	Cement			
1	113.6	Pressurized Grout			
113.6	123.5	Bentonite Hole Plug			
123.5	146.6	Sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/23/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 2/27/12 under the business name of MILCO Environmental Services, Inc. by (signature) [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>.

Check one:

☐ White Copy

☐ Blue Copy

☐ Pink Copy