

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

None

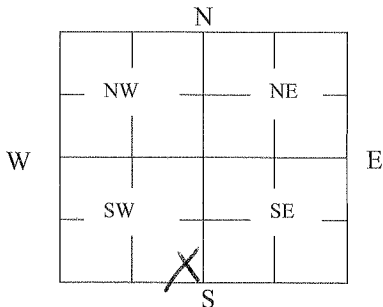
1 LOCATION OF WATER WELL:
 County: Mitchell Fraction SE 1/4 SE 1/4 SW 1/4 Section Number 20 Township Number 8 Range Number 10 E

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

108 South Washington Tipton KS

2 WATER WELL OWNER: Farmway Coop. Inc. **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 RR#, St. Address, Box #: PO BOX 568 704 E. COURT Latitude: 39.33679
 City, State ZIP Code: Beloit KS 67420 Longitude: -98.46706
 Elevation: 1585.54
 Datum: _____
 Data Collection Method: Survey

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



4 DEPTH OF WELL 37.10 ft.

WELL'S STATIC WATER LEVEL 21.70 ft

WELL WAS USED AS:

- 1 Domestic
- 2 Irrigation
- 3 Feedlot
- 4 Industrial
- 5 Public Water Supply
- 6 Oil Field Water Supply
- 7 Domestic (Lawn & Garden)
- 8 Air Conditioning
- 9 Dewatering
- 10 Monitoring
- 11 Injection Well
- 12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No

5 TYPE OF BLANK CASING USED:

- 1 Steel
- 2 PVC
- 3 RMP (SR)
- 4 ABS
- 5 Wrought
- 6 Asbestos-Cement
- 7 Fiberglass
- 8 Concrete Tile
- 9 Other (Specify below) _____

Blank casing diameter 2 in. Was casing pulled? Yes No _____ If yes, how much 6'
 Casing height above or below land surface 36" in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 37.10 ft. to 3 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

- 1 Septic tank
- 2 Sewer lines
- 3 Watertight sewer lines
- 4 Lateral lines
- 5 Cess pool
- 6 Seepage pit
- 7 Pit privy
- 8 Sewage lagoon
- 9 Feedyard
- 10 Livestock pens
- 11 Fuel Storage
- 12 Fertilizer storage
- 13 Insecticide storage
- 14 Abandoned water well
- 15 Oil well/Gas well
- 16 Other (specify below) _____

Direction from well? NE
 How many feet? 200

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>37.1</u>	<u>3</u>	<u>Bentonite Chips</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/7/10 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) 7/7/10 under the business name of Tank Management Services 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.