Form WWC-5P

KSA 82a-1212

ID NO.

|  |  |                         |               |                    |   |  |                                   | T                      |                                       |                |            |  |
|--|--|-------------------------|---------------|--------------------|---|--|-----------------------------------|------------------------|---------------------------------------|----------------|------------|--|
| 1  | LOCATI   | ON OF WATE              | ER WELL:      |                    | Fraction  | Section  | Number                            | Township               | Number                                | Range          | Number     |  |
| Co   | unty: G  | Fraham                  |               | NE                 | NE 14 NE 14 NE 14   |  |                                   |                        |                                       |                | E.W        |  |
| 1  |  |                         | nearest town  | or c               | ity street address of well if loc                               | ated within city   | /?                                |                        |                                       |                |            |  |
| 405 W Main St  |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
| 2  | WATER  | WELL OWN                | ER: Bobb:     |                    | Bell<br>Main St   |  |                                   |                        |                                       |                |            |  |
|  |  | Address, Bore, ZIP Code | "             |                    | ty, KS 67642  | Appli  | d of Agriculture<br>cation Number | e, Division of V<br>r: | /ater Resource                        | ves VE         | W-1        |  |
| 3  |  | WELL'S LOCA             |               |                    | 4 DEPTH OF WELL   | 45.91  | ft.                               |                        |                                       |                |            |  |
|  | N  |                         |               |                    | WELL'S STATIC WATER LEVEL42.23 ft.                              |  |                                   |                        |                                       |                |            |  |
|  | x  |                         |               |                    | WELL WAS USED AS:   |  |                                   |                        |                                       |                |            |  |
|  | NWNW   | NWNE                    |               |                    | 1 Domestic<br>2 Irrigation                                      | <ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supply</li></ul> |                                   |                        | 9 Dewatering Monitoring Well VEW-1    |                |            |  |
|  |  |                         |               | E                  | 3 Feedlot   | 7 Dome   | stic (Lawn & G                    |                        | 11 Injection                          | Well           |            |  |
| W  |  |                         |               | -                  | 4 Industrial  |  | nditioning                        |                        | 12 Other                              |                |            |  |
|  | Was a chemical / bacteriological sample submitted to Department? Yes |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
| Water Well Disinfected: Yes NoX  |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
|  | L  | S                       |               | J                  | water Well Disinfected: Ye                                      | es No  | <del></del>                       |                        |                                       |                |            |  |
| 5  | 5 TYPE OF BLANK CASING USED:   |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
|  | Blank casing diameter  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
|  | Casing   | height above            | o below lan   | d su               | face18"   |  |                                   |                        | ,                                     |                |            |  |
| 6  |  | PLUG MATE               |               |                    | eat cement 2 Cement gro   | _  |                                   | Other                  |                                       |                |            |  |
| Grout Plug Intervals: From 1.5 ft. to 45.91 ft., From ft. to ft., From to ft., From ft.  |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
| What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit  1 Fuel storage 16 Other (specify below)            |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
| 2 Sewer lines  |  |                         |               |                    | 7 Pit privy   | 12 Fertilizer storage  |                                   |                        |                                       |                |            |  |
| 3 Watertight sewer lines<br>4 Lateral lines  |  |                         |               |                    | <ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>            | 13 Insecticide storage 14 Abandoned water well                           |                                   |                        |                                       |                |            |  |
| 5 Cess pool 10 Livestock pens 15 Oil well/Gas well   |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
|  | Direction  | on from well?           | Nort          | nwe                | St How many   | feet?15  | ••••••                            |                        |                                       |                |            |  |
|  | FROM   | то                      |               | PLI                | JGGING MATERIALS  |  |                                   |                        |                                       |                |            |  |
| 0 1.5 Concrete   |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
|  |  |                         |               | ay Bentonite Grout | t   |  |                                   |                        |                                       |                |            |  |
|  |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
|  |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
|  |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
|  |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
|  |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
|  |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
| CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)8-16-05 |  |                         |               |                    |   |  |                                   |                        |                                       |                |            |  |
| (mo/day/year)8-16-05   |  |                         |               |                    |   |  |                                   |                        |                                       |                | /day/year) |  |
|  | by (sigr   | nature) . 🗘             | 727           | -11.0              | business name or  |  |                                   | و. تناسلات د           | · · · · · · · · · · · · · · · · · · · |                |            |  |
| IN   | STRUCTION SWEETS SEE   | ONS: Use ty             | pewriter or l | ball               | point pen. <u>Please press fir</u><br>as Department of Health a | mly and print  | clearly. Plea                     | se fill in blan        | ks, underline                         | e or circle th | e correct  |  |
| uil  | J., J.                           | or rob ruice            | Johioo io K   | J 13               | as population of Ficality a                                     | Environni  | oni, Duicau (                     | or Tracer, Get         | nogy o <del>c</del> cilo              | 11, 1000 344   | Jacksoll   |  |

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.