

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <u>Meade</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ <u>From 13rd and E rd, 2350 ft South and 185 ft west.</u>	Fraction <u>1/4 SE 1/4 SE 1/4 NE 1/4</u>	Section Number <u>25</u>	Township Number <u>T 30 S</u>	Range Number <u>29</u> ☐ E ☒ W																																																						
2 WATER WELL OWNER: <u>Merle + Marilyn Rexford</u> RR#, St. Address, Box #: <u>C/O Terry Codes P.O. 1270</u> City, State ZIP Code: <u>Meade, KS 67864</u>		Global Positioning Systems (GPS) information: Latitude: <u>37.4099176</u> (in decimal degrees) Longitude: <u>-100.4345381</u> (in decimal degrees) Elevation: <u>2733</u> Horizontal 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 <u>190</u> ft. WELL'S STATIC WATER LEVEL <u>Dry</u> ft. WELL WAS USED AS: ☒ Domestic ☐ Public Water Supply ☐ Dewatering ☐ Irrigation ☐ Oil Field Water Supply ☐ Monitoring ☐ Feedlot ☐ Domestic (Lawn & Garden) ☐ Injection Well ☐ Industrial ☐ Air Conditioning ☐ 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 <u>4.5</u> in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____ Casing height above or below land surface <u>60</u> in.																																																										
6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____ Grout Plug Intervals: From <u>6</u> ft. to <u>4</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Seepage pit ☐ Fuel storage ☒ Other (specify below) <u>Domestic water well</u> ☐ Sewer lines ☐ Pit privy ☐ Fertilizer storage ☐ Watertight sewer lines ☐ Sewage lagoon ☐ Insecticide storage ☐ Lateral lines ☐ Feedyard ☐ Abandoned water well Direction from well? <u>South</u> ☐ Cess pool ☐ Livestock pens ☐ Oil well/Gas well How many feet? <u>900</u>																																																										
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3/5/26</u> 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) <u>3/5/26</u> under the business name of <u>Smith Irrigation Inc</u> by (signature) <u>[Signature]</u>																																																										
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.																																																										

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Revised 1/20/2015