

**WATER WELL PLUGGING RECORD Form WWC-5P**

KSA 82a-1212

ID NO.

Plum MW-3D

<b>1 LOCATION OF WATER WELL:</b> County: POTTAWATOMIE	Fraction SW ¼ SE ¼ SE ¼ Se ¼	Section Number 4	Township Number T 10 S	Range Number 10 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
--	---------------------------------	---------------------	---------------------------	---

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  Southeast corner of 6th Street & Plum Street in Wamego, KS

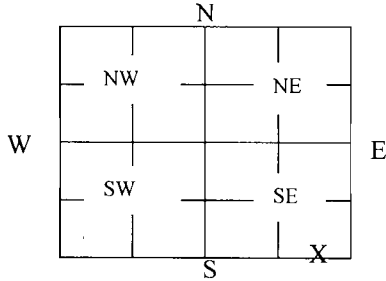
**Global Positioning Systems (GPS) information:**

Latitude: 39.20338 (in decimal degrees)  
 Longitude: 96.29683 (in decimal degrees)  
 Elevation: 981.90 ft  
 Horizontal Datum:  WGS84,  NAD83,  NAD27  
 Collection Method:

**2 WATER WELL OWNER:** KDHE BER  
 RR#, St. Address, Box #: 1000 SW Jackson St., Ste. 410  
 City, State ZIP Code: Topeka, KS 66612

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** 50 **ft.**

WELL'S STATIC WATER LEVEL 29.68 ft

WELL WAS USED AS:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Domestic   | <input type="checkbox"/> Public Water Supply      | <input type="checkbox"/> Dewatering            |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply   | <input checked="" type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot    | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well        |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning         | <input type="checkbox"/> 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 2 in. Was casing pulled? Yes  No  If yes, how much 3 ft  
 Casing height above or below land surface -36 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From 1 ft. to 32.75 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Septic tank            | <input type="checkbox"/> Seepage pit    | <input type="checkbox"/> Fuel storage         | <input type="checkbox"/> Other (specify below) _____ |
| <input checked="" type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy      | <input type="checkbox"/> Fertilizer storage   |  |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon  | <input type="checkbox"/> Insecticide storage  |  |
| <input type="checkbox"/> Lateral lines          | <input type="checkbox"/> Feedyard       | <input type="checkbox"/> Abandoned water well | Direction from well? <u>West</u>                     |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? <u>40</u>                             |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	1	Soil excavated/concrete to be poured			
1	32.75	Bentonite			
32.75	33	Obstruction: Sediment plug/Bailer			
33	50	Open Casing			Note: Multiple attempts were made to break up sediment plug & recover bailer. Both slipped down casing and were unrecoverable.

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/12/2023 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) 5/16/2023 under the business name of KDHE BER: Drycleaner Program 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.  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.