

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <u>SN Shawnee</u>	Fraction <u>NE 1/4 NW 1/4 of 1/4 SE 1/4</u>	Section Number <u>10</u>	Township Number <u>T 16 S</u>	Range Number <u>13</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 86th St and Carlson Rd  
2725' South  
1427' West

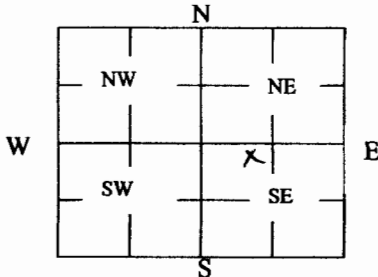
## Global Positioning Systems (GPS) information:

Latitude: \_\_\_\_\_ (in decimal degrees)  
Longitude: \_\_\_\_\_ (in decimal degrees)  
Elevation: \_\_\_\_\_  
Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27  
Collection Method:

2 WATER WELL OWNER: Thomas Brothers Land, LLC  
RR#, St. Address, Box #: PO Box 54  
City, State ZIP Code: Silver Lake, KS 66539

☐ 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 53 ft.

WELL'S STATIC WATER LEVEL 15 ft

### WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input 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 16 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 4'  
Casing height above or below land surface +12 in.

## 6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other \_\_\_\_\_

Grout Plug Intervals: From 53 ft. to 3 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ 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 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	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? \_\_\_\_\_  
How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
53'	3'	cement			
3'	0'	surrounding soil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01/10/2018 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) 01/10/2018 under the business name of Thomas Brothers Land, LLC by (signature) Alan S Thomas

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