

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

KSA 82a-1212

ID NO.

08-97-11P2-2

1 **LOCATION OF WATER WELL:** Fraction 1/4 NE 1/4 SW 1/4 NE 1/4 Section Number 33 Township Number T 10 S Range Number 6  E  W  
 County: RILEY

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

**Global Positioning Systems (GPS) information:**  
 Latitude: 1663217.45 (in decimal degrees)  
 Longitude: 296994.67 (in decimal degrees)  
 Elevation: 1181.18  
 Datum:  WGS84,  NAD83,  NAD27  
 Collection Method:  
 GPS unit (Make/Model: \_\_\_\_\_)  
 Digital Map/Photo,  Topographic Map,  Land Survey

2 **WATER WELL OWNER:** Director of Public Works  
DR. Richard STEILDS  
 RR#, St. Address, Box #: \_\_\_\_\_  
 City, State ZIP Code: 107 MAIN Post Ft Riley Ks 66448 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** 39.23 ft.  
**WELL'S STATIC WATER LEVEL** 39.08 ft.  
**WELL WAS USED AS:**  
 Domestic Irrigation Feedlot Industrial  
 Public Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Air Conditioning  
 Dewatering Monitoring Injection Well 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 1 in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 36" in.

6 **GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_  
 Grout Plug Intervals: From 39.23 ft. to 0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 Septic tank  Sewer lines  Watertight sewer lines  Lateral lines  Cess pool  
 Seepage pit  Pit privy  Sewage lagoon  Feedyard  Livestock pens  
 Fuel Storage  Fertilizer storage  Insecticide storage  Abandoned water well  Oil well/Gas well  
 Other (specify below) \_\_\_\_\_  
 Direction from well? \_\_\_\_\_  
 How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
39.23	0	NEAT CEMENT			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-25-2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 597. This Water Well Record was completed on (mo/day/year) 3-15-2012 under the business name of Baart Hongeyer Co 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: 785/296-5524. 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