

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

08-97-1102-4

1 LOCATION OF WATER WELL: County: <u>Riley</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>	Fraction <u>1/4 NE 1/4 SW 1/4 NE 1/4</u>	Section Number <u>33</u>	Township Number <u>T 10 S</u>	Range Number <u>6</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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2 WATER WELL OWNER: <u>Directorate of Public Works</u> RR#, St. Address, Box #: <u>DR. Richard STEILDS</u> City, State ZIP Code: <u>407 Main Post Ft Riley Ks 66440</u>	Global Positioning Systems (GPS) information: Latitude: <u>1663217.45</u> (in decimal degrees) Longitude: <u>296994.67</u> (in decimal degrees) Elevation: <u>1181.12</u> Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL <u>16.40</u> ft. WELL'S STATIC WATER LEVEL <u>0</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED:

☐ Steel
☒ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile

☐ Other (Specify below) _____

 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 16.40 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
16.41	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 Honeyeater 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