

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: Shawnee	Fraction NW ¼ NW ¼ NE ¼ NE ¼	Section Number 13	Township Number T 12 S	Range Number 16 <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 ☒ Austin & Mariah Bunyar  
5021 SE 29th St.  
Tecumseh, KS 66542

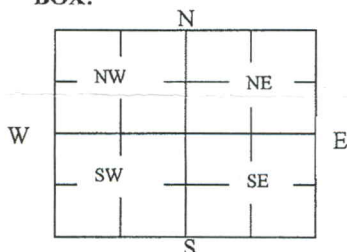
## Global Positioning Systems (GPS) information:

Latitude: 39.014494 (in decimal degrees)  
Longitude: -95.581205 (in decimal degrees)  
Elevation: 1003  
Horizontal Datum: ☒ WGS84, ☐ NAD83, ☐ NAD27  
Collection Method:

2 WATER WELL OWNER: Austin & Mariah Bunyar  
RR#, St. Address, Box #: 5021 SE 29th St  
City, State ZIP Code: Tecumseh, KS 66542

☐ 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 10 ft.

WELL'S STATIC WATER LEVEL 1 ft

WELL WAS USED AS:

- |  |   |   |
|--|---|---|
| <input checked="" 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 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:

- |                                |                                   |  |  |  |
|--------------------------------|-----------------------------------|--|--|--|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought         | <input type="checkbox"/> Fiberglass    | <input type="checkbox"/> Other (Specify below) |
| <input type="checkbox"/> PVC   | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | Brick & Mortar                                 |

Blank casing diameter 120 in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_  
Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☒ Other Flowable Fill

Grout Plug Intervals: From 0 ft. to 10 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

- |   |   |   |  |
|---|---|---|--|
| <input checked="" 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 | Direction from well? Northeast                 |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? 100+                            |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	10	Flowable Fill			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/24/2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. x. This Water Well Record was completed on (mo/day/year) 6/24/2020 under the business name of Shawnee County Health Dept by (signature) [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.

ie. Cistern functioning as a well. 6.1.2.

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Revised 1/20/2015