

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

8

1 LOCATION OF WATER WELL: Fraction NW 1/4 SE 1/4 NE 1/4 SW 1/4 Section Number 17 Township Number T 13 S Range Number 2 E W
 County: Dickinson

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here From NW 8th St & Washington N Washington 1/4 mile south & 100 yds west
Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: City of Abilene
 RR#, St. Address, Box #: PO 514
 City, State ZIP Code: Abilene, KS 67401
 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:

N	
NW	NE
SW X	SE
S	

W E

4 DEPTH OF WELL 35 ft. 1st measurement to 8 ft. pulled out piece of iron
WELL'S STATIC WATER LEVEL 22 ft. measured to 35 ft
WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No
well disinfected - yes

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile _____
 Blank casing diameter 8 in. Was casing pulled? Yes No If yes, how much _____
 Casing height (above) or below land surface 16 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From 35 ft. to 24 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below) _____
 Sewer lines Pit privy Fertilizer storage None
 Watertight sewer lines Sewage lagoon Insecticide storage _____
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>35</u>	<u>24</u>	<u>sand</u>			
<u>24</u>	<u>0</u>	<u>cement</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-6-16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 855. This Water Well Record was completed on (mo/day/year) 5-14-16 under the business name of A-1 Water Well Service by (signature) Scott Beckman

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.