

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <u>FRANKLIN</u> Distance and direction from nearest town or city street address of well if located within city? <u>1.5 Miles West-3 Miles North-3/4 West of Pomona</u>	Fraction <u>NE 1/4 NE 1/4 NW 1/4</u> Section Number <u>23</u>	Township Number <u>16</u> Range Number <u>17</u> <u>EW</u>																																													
2 WATER WELL OWNER: <u>DAVID JUDD</u> RR#, St. Address, Box #: <u>423 Hiway 68</u> City, State ZIP Code: <u>Pomona, KS 66076</u>																																															
Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																															
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL <u>290'</u> ft. WELL'S STATIC WATER LEVEL <u>230'</u> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td><input checked="" type="radio"/> 3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring	<input checked="" type="radio"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____																																	
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5 TYPE OF BLANK CASING USED: <input checked="" type="radio"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) _____ <input type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile _____ Blank casing diameter <u>5"</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>4 FT</u> in.																																															
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other _____ Grout Plug Intervals: From <u>290'</u> ft. to <u>4'</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel Storage</td> <td>16 Other (specify below) _____</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td><input checked="" type="radio"/> 10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? <u>EAST</u> How many feet? <u>60'</u>			1 Septic tank	6 Seepage pit	11 Fuel Storage	16 Other (specify below) _____	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	<input checked="" type="radio"/> 10 Livestock pens	15 Oil well/Gas well																										
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6-22-11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>536</u> This Water Well Record was completed on (mo/day/year) <u>6-22-11</u> under the business name of <u>Patchers Pump & Well Drilling Inc.</u> by (signature) <u>Tom E. Patchers</u>																																															
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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells .																																															