

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: Linn	Fraction SW ¼ SW ¼ SE ¼	Section Number 33	Township Number 19S	Range Number 24E
---	-----------------------------------	-----------------------------	-------------------------------	----------------------------

Distance and direction from nearest town or city street address of well if located within city?

406 E Market, Lacygne KS

2 WATER WELL OWNER: Unknown

RR#, St. Address, Box #:

City, State, ZIP Code:

Global Positioning System (decimal degrees, min. of 4 digits)

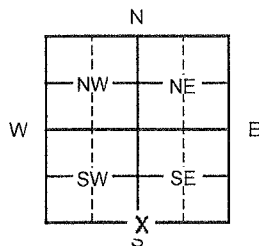
Latitude: _____

Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method: _____

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** 28 ft.

WELL'S STATIC WATER LEVEL 23 ft.

WELL WAS USED AS:

- | | | |
|---|--|---|
| <input checked="" type="radio"/> 1 Domestic | <input type="radio"/> 5 Public Water Supply | <input type="radio"/> 9 Dewatering |
| <input type="radio"/> 2 Irrigation | <input type="radio"/> 6 Oil Field Water Supply | <input type="radio"/> 10 Monitoring |
| <input type="radio"/> 3 Feedlot | <input type="radio"/> 7 Domestic (Lawn & Garden) | <input type="radio"/> 11 Injection Well |
| <input type="radio"/> 4 Industrial | <input type="radio"/> 8 Air Conditioning | <input type="radio"/> 12 Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes ___ No X**5 TYPE OF BLANK CASING USED:**

- | | | | | |
|---------|------------|-------------------|-----------------|--|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | <input checked="" type="radio"/> 9 Other (specify below) |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | Stone _____ |

Blank casing diameter 3 ft. Was casing pulled? Yes ___ No x If yes, how much _____
Casing height above or below land surface in.**6 GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite ☒ 4 Other Soil: 0-1'

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|-------------------------|--------------------------|
| 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 | Direction from well? |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	1	Soil			
1	28	Flowable fill			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/11/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 7/18/14 under the business name of Larsen and Associates, Inc. by (signature) _____.

INSTRUCTIONS: Please fill in blanks 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/waterwell>.