

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: Marion	Fraction ¼ ¼ NW ¼ NW ¼	Section Number 14	Township Number T 21 S	Range Number 3 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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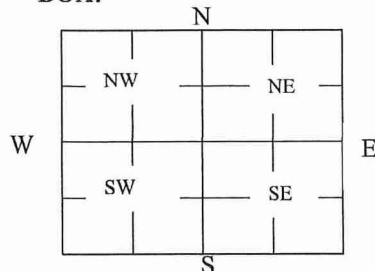
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 1703 110th Peabody, KS 66866

Global Positioning Systems (GPS) information:

Latitude: 38-2313727 (in decimal degrees)
 Longitude: 97.0780250 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
 Collection Method: _____

2 WATER WELL OWNER: Donnell Stutzman
 RR#, St. Address, Box #: 622 S. Main
 City, State ZIP Code: Hesston KS 67062

☐ GPS unit (Make/Model: Phone _____)
☐ 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 78' **ft.**

WELL'S STATIC WATER LEVEL 34 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:

- ☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☒ Other (Specify below) _____
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 5 in. Was casing pulled? Yes ☐ No ☒ If yes, how much cut off
 Casing height above or below land surface 96" in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☒ Other quick crete

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

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input type="checkbox"/> Other (specify below) _____ |
| <input checked="" 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? <u>North East</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>several hundred feet</u> |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
78	34	chlorinated sand			
34	8	native clay			
8	7	quickcrete plug			
7	0	native clay			

RECEIVED

MAR 03 2025

BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 02/11/25 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 02/11/25 under the business name of West Branch Excavating, LLC by (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.