

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO. _____

1 LOCATION OF WATER WELL:	Fraction County: Marion 1/4 1/4 NW 1/4 NW 1/4	Section Number 14	Township Number T 21 S	Range Number 3 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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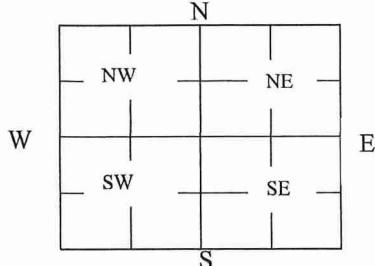
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 1703 110th Peabody, KS 66866

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: _____
 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:

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/> Other (Specify below)
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> 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? North East
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? several hundred feet

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) _____

BT

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.