

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: Coffey	Fraction SW ¼ SW ¼ SW ¼	Section Number 28	Township Number 22S	Range Number 14E
---	-----------------------------------	-----------------------------	-------------------------------	----------------------------

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

627 Main St. Gridley, KS 66852

2 WATER WELL OWNER: KDHE-BER
RR#, St. Address, Box #: 1000 SW Jackson, Suite 410
City, State, ZIP Code: Topeka, KS 66612

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: NA
Longitude: NA
Elevation: NA
Datum: NA
Data Collection Method: NA

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 18.29 ft. MW2
WELL'S STATIC WATER LEVEL NA ft.
WELL WAS USED AS:
1 Domestic 5 Public Water Supply 9 Dewatering
2 Irrigation 6 Oil Field Water Supply 10 Monitoring
3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well
4 Industrial 8 Air Conditioning 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 9 Other (specify below)
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
Blank casing diameter 2 in. Was casing pulled? Yes x No ___ If yes, how much 3ft
Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil:0-3 ft
Grout Plug Intervals: From 3 ft. to 18.29 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	3	Soil			
3	18.29	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/9/15 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) 3/18/15 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>.