

# WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: <b>BOURBON</b>	Fraction NW ¼ SW ¼ SW ¼ ¼	Section Number <b>19</b>	Township Number <b>T 24 S</b>	Range Number <b>22</b> <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 ☐

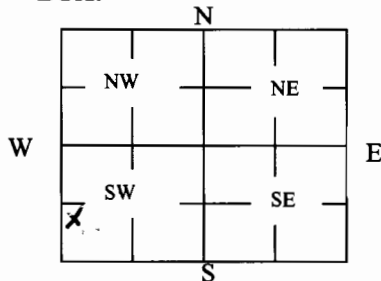
## Global Positioning Systems (GPS) information:

Latitude: **37.9386** (in decimal degrees)  
Longitude: **-95.0419** (in decimal degrees)  
Elevation:  
Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27  
Collection Method:

**2 WATER WELL OWNER: KEN FURMAN**  
RR#, St. Address, Box #: **1917 E. 35**  
City, State ZIP Code: **BRONSON, KS 66716**

☒ GPS unit (Make/Model: **MAGELLEN**)  
☐ 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 **370** ft.

WELL'S STATIC WATER LEVEL **NA** ft

WELL WAS USED AS:

- |                                     |   |   |
|-------------------------------------|---|---|
| <input 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 checked="" type="checkbox"/> Other <b>Geothermal</b> |

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 **NA**

Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes ☐ No ☐ If yes, how much \_\_\_\_\_  
Casing height above or below land surface \_\_\_\_\_ in.

## 6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_

Grout Plug Intervals: From **0** ft. to **370** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ 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 checked="" type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Sewer lines            | <input type="checkbox"/> Pit privy      | <input type="checkbox"/> Fertilizer storage   | <b>HOUSE</b>  |
| <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? <b>WEST</b>                          |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? <b>15</b>                                  |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	BROWN CLAY	225	290	WHITE ROCK
3	30	WHITE ROCK	290	325	SANDSTONE
30	45	SANDSTONE	325	350	BROWN CLAY
45	60	WHITE ROCK	350	360	BLUE SHALE
60	65	BLUE SHALE	360	365	BROWN CLAY
65	120	WHITE ROCK	365	370	BLUE SHALE
120	225	BLUE SHALE			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) **9/28/11** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **812**. This Water Well Record was completed on (mo/day/year) **10/07/11** under the business name of **Environmental Loop Service, Inc** by (signature) **Richard Moore**

**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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy