

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

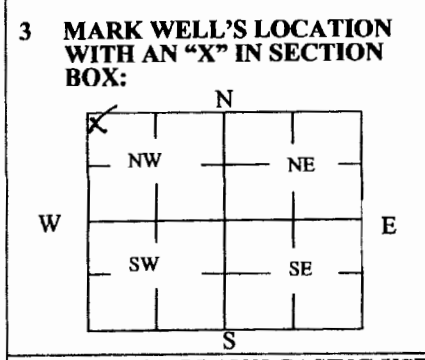
ID NO.

1 LOCATION OF WATER WELL: County: <u>SEDGWICK</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u> 1/4	Section Number <u>31</u>	Township Number <u>T 25 S</u>	Range Number <u>R 1</u> <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
Basement - 547 N. Abilene

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: 547 N. Abilene
 RR#, St. Address, Box #: Valley Center KS
 City, State ZIP Code: 67147



4 DEPTH OF WELL 24 ft.
 WELL'S STATIC WATER LEVEL _____ ft
 WELL WAS USED AS:
 Domestic Irrigation Feedlot Industrial
 Public Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Air Conditioning
 Dewatering Monitoring Injection Well 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 2 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface -0- in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Sewer lines Watertight sewer lines Lateral lines Cess pool
 Seepage pit Pit privy Sewage lagoon Feedyard Livestock pens
 Fuel storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well
 Other (specify below) _____
 Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0'	2'	Cement Grout			
2'	24'	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-8-13 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) 4-9-13 under the business name of O + D Plumbing, Inc. by (signature) Bruce Baker

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>.