

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction nw ¼ se ¼ sw ¼ nw ¼	Section Number 31	Township Number T 25 S	Range Number 1 <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 ☒ 208 N Burns
Valley Center, KS 67147

Global Positioning Systems (GPS) information:

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

2 WATER WELL OWNER: Bill Paulsen
RR#, St. Address, Box #: 208 N Burns
City, State ZIP Code: Valley Center, KS 67147

☐ 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:

N		NW		NE	
		SW		SE	
W	X				E
S					

4 DEPTH OF WELL 2 ft.
WELL'S STATIC WATER LEVEL _____ ft.
WELL WAS USED AS:
☐ Domestic ☐ Public Water Supply ☐ Dewatering
☐ Irrigation ☐ Oil Field Water Supply ☐ Monitoring
☐ Feedlot ☒ Domestic (Lawn & Garden) ☐ Injection Well
☐ Industrial ☐ Air Conditioning ☐ 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 1 3/4 in. Was casing pulled? Yes ☒ No ☐ If yes, how much _____
Casing height above or below land surface 29 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 ☐ Seepage pit ☐ Fuel storage ☐ Other (specify below)
☐ Sewer lines ☐ Pit privy ☐ Fertilizer storage
☐ Watertight sewer lines ☐ Sewage lagoon ☐ Insecticide storage
☐ Lateral lines ☐ Feedyard ☐ Abandoned water well
☐ Cess pool ☐ Livestock pens ☐ Oil well/Gas well
Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>2</u>	<u>0</u>	<u>Bentonite</u>			
<u>1</u>	<u>0</u>	<u>Top So. 1</u>			
<u>2</u>	<u>1</u>	<u>Bentonite</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/30/16 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) 12/1/16 under the business name of _____ by (signature) William J. Seale

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.