

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

MW1

<b>1 LOCATION OF WATER WELL:</b> County: Bourbon		Fraction SW ¼ NW ¼ NW ¼ SW ¼		Section Number 19		Township Number T 25 S		Range Number 25 <input checked="" type="checkbox"/> E <input type="checkbox"/> W																																																							
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>  998 N. National, Fort Scott, KS				<b>Global Positioning Systems (GPS) information:</b>																																																											
				Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																											
<b>2 WATER WELL OWNER:</b> Pete's Corporation RR#, St. Address, Box #: 1712 Broadway City, State ZIP Code: Parsons, KS 67357																																																															
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>				<b>4 DEPTH OF WELL</b> 24.5 ft. MW1																																																											
				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 checked="" 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																											
<b>5 TYPE OF BLANK CASING USED:</b>																																																															
<input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specific below) <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile																																																															
Blank casing diameter 2 in.    Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3 ft																																																															
Casing height above or below land surface NA in.																																																															
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other 0-0.5' Concrete; 0.5-3' Soil																																																															
Grout Plug Intervals: From 3 ft to 24.5 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 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"/> Feed yard <input type="checkbox"/> Abandoned water well    Direction from well? _____ <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well    How many feet? _____																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.5</td> <td>Concrete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.5</td> <td>3</td> <td>Soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>24.5</td> <td>Bentonite</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	0	0.5	Concrete				0.5	3	Soil				3	24.5	Bentonite																																	
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Pump N Pete's #20: U3-006-14774																																																															
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/17/2017 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 5/17/2017 under the business name of Larsen & Associates, Inc. By (signature) _____																																																															
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1400 SW Jackson Street, Ste. 426, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> Telephone 785-296-5524.																																																															