

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

MW5

1 LOCATION OF WATER WELL:

County: Bourbon

Fraction

SW ¼ NW ¼ NW ¼ SW ¼

Section Number

19

Township Number

T 25

Range Number

25

x

E

W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐

~30' N of 998 N. National, Fort Scott, KS

Global Positioning Systems (GPS) information:

Latitude: NA (in decimal degrees)

Longitude: NA (in decimal degrees)

Elevation: NA

Horizontal Datum ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

☐ GPS unit (Make/model: _____)☐ Digital Map/Photo,☐ Topographic Map☐ Land SurveyEst. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER:

Pete's Corporation

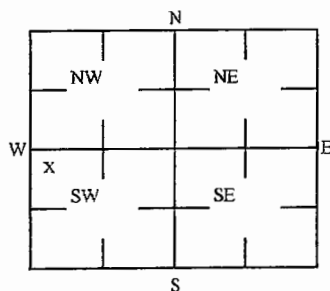
RR#, St. Address, Box #:

1712 Broadway

City, State ZIP Code:

Parsons, KS 67357

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



4 DEPTH OF WELL 20.0 ft.

MW5

WELL'S STATIC WATER LEVEL NA 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
☒ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile
☐ Other (Specific below) _____

Blank casing diameter 2 in.

Was casing pulled? Yes ☒ No ☐

If yes, how much 3 ft

Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL:

☐ Neat cement☐ Cement grout☒ Bentonite☒ Other 0-3' Soil

Grout Plug Intervals: From 3 ft to 20.0 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
☐ Feed yard
☐ 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	3	Soil			
3	20.0	Bentonite			

Pump N Pete's #20: U3-006-14774

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:

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, 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.

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Revised 1/20/2015