

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

MW-5

1 LOCATION OF WATER WELL: County: BOURBON	Fraction NE ¼ SW ¼ SE ¼ SW ¼	Section Number 31	Township Number T 25 S	Range Number 25 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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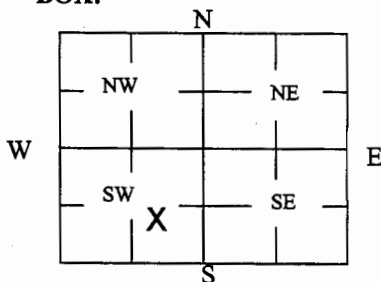
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ **1701 S. NATIONAL FT. SCOTT, KS**

Global Positioning Systems (GPS) information:

Latitude: **37.82083934** (in decimal degrees)
 Longitude: **94.70722222** (in decimal degrees)
 Elevation: **871.96 TOC**
 Horizontal Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27
 Collection Method:

2 WATER WELL OWNER: KDHE-BER
 RR#, St. Address, Box #: **1000 SW Jackson**
 City, State ZIP Code: **Topeka, KS 66612**

☐ 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:**4 DEPTH OF WELL 13.32 ft.**WELL'S STATIC WATER LEVEL **1.74** 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 ☐ 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 **3 Ft**
 Casing height above or below land surface **36** in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____Grout Plug Intervals: From **3** ft. to **13.32** 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 checked="" 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"/> Feedyard	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? **North**
 How many feet? **50**

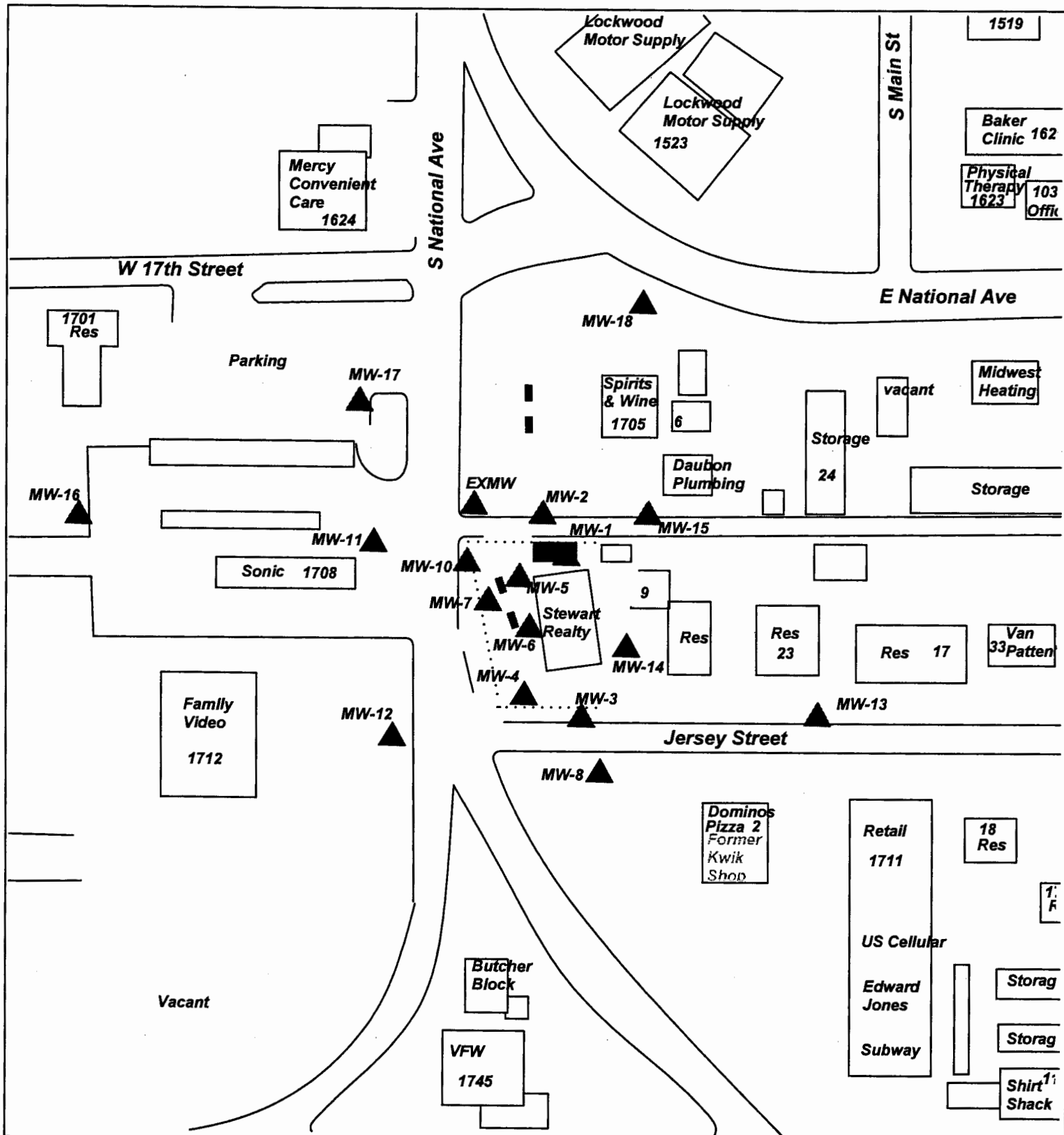
FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Asphalt			
0.5	3	Compacted silt/clay			
3	13.32	Hydrated Bentonite chips			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **3-18-19** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585**. This Water Well Record was completed on (mo/day/year) **3-20-19** under the business name of **Associated Environmental, Inc.** by (signature) *[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



TITLE:

FIGURE 2.1

AREA BASE MAP

350' RADIUS

ASSOCIATED ENVIRONMENTAL INC.