

NE NE NW NW

**WATER WELL PLUGGING RECORD Form WWC-5P** KSA 82a-1212 ID NO.

1 **LOCATION OF WATER WELL:** Fraction  $\frac{1}{4}$  NW  $\frac{1}{4}$  NW  $\frac{1}{4}$  NW  $\frac{1}{4}$  NW Section Number 6 Township Number T 27 S Range Number 1 ☐ E ☒ W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐  
2201 W 29th n

**Global Positioning Systems (GPS) information:** EAST  
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:** Remax  
RR#, St. Address, Box #: 2201 W 29th  
City, State ZIP Code: Wichita KS 67204

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

N	
<input checked="" type="checkbox"/> NW	NE
W	E
SW	SE
S	

4 **DEPTH OF WELL** 25 ft.  
**WELL'S STATIC WATER LEVEL** 11 ft.  
**WELL WAS USED AS:**

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input checked="" type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input checked="" 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 1 1/4 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 5'  
 Casing height above or below land surface 60 in.

6 **GROUT PLUG MATERIAL:** ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other \_\_\_\_\_

Grout Plug Intervals: From 25 ft. to 0 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 checked="" 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? South  
How many feet? 3'

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>25</u>	<u>0</u>	<u>Cement grout</u>			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-8-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 472. This Water Well Record was completed on (mo/day/year) 10-8-13 under the business name of Bearden Pump & Well by (signature) David Bearden

**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>.