| WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. | | | | | | | | | |
|---|--|---------------|--------------|---|----------------------------|--|--|----------------------|--|
| 1 | LOCATIO | OF WATER | WELL | Fraction WAN MAN 1/4 MAN | Section | Number | Township Number | Range Number | |
| | | Address of We | Il Location: | if unknown, distance & | Global Po | | systems (GPS) inform | | |
| | | | _ | ion: If at owner's address, | Latitude: | | | (in decimal degrees) | |
| | check here | | injoit | Longitude:(in decimal degrees) Elevation: | | | | | |
| | 7 | 2020. | N W | rivulara | Datum: WGS84, NAD83, NAD27 | | | | |
| - | Collection Method: | | | | | | | | |
| 2 | 2 WATER WELL OWNER: RR#, St. Address, Box #: 20 20 minus to Digital Map/Photo, Topographic Map, Land Survey City, State ZIP Code: Wielits Ka 672/4 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | | ELL'S LOCA | | 4 DEPTH OF WELL 25 ft. | | | | | |
| | WITH AN BOX: | "X" IN SEC | TION | WELL'S STATIC WATER LEVEL 15 ft | | | | | |
| WELL WAS USED AS: | | | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | |
| Mac_ | | | | | | | | | |
| | -INW | NE NE | 1 1 | Domestic Irrigation | | Water Suppled Water Sur | | | |
| W | W SW SE E Irrigation Feedlot Domestic (Lawn & Garden) Injection Well Other Other No | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | S | | | | | | | |
| 5 | TYPE OF BLANK CASING USED: | | | | | | | | |
| | Steel RMP (SR) Wrought Fiberglass Other (Specify below) Asbestos-Cement Concrete Tile | | | | | | | | |
| | | | | | | | | | |
| | Blank casing diameter / // in. Was casing pulled? Yes No I If yes, how much | | | | | | | | |
| | | | | | | | | | |
| 6 | GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| | Grout Plug Intervals: From 25 ft. to 6 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 Direction from well? | | | | | | | | |
| | Cess | | | | ll/Gas well | | | 15 | |
| | | | | • | | | | | |
| | FROM | ТО | | GING MATERIALS | FROM | TO | PLUGGING | MATERIALS | |
| | 25 | 0 | Com | ions Scroul | | | | | |
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| | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was | | | | | | | | | |
| completed on (mo/day/year) 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/hay/year) Junder the | | | | | | | | | |
| | | of Bear | | Pund Twe | by (s | ignature) |) / Complete Complet | Bella under the | |
| | | | | " - | 7 | | Discourse of the state of the s | 1-1: 1 1 | |
| | | | | allpoint pen. Please press fi Kansas Department of Hea | | | | | |
| | 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. | | | | | | | | | |