

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: Fraction NW 1/4 NE 1/4 SW 1/4 NE 1/4 Section Number 19 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 ☒

424 Nth Millwood Wichita KS 67208

Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

Elevation: _____

Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

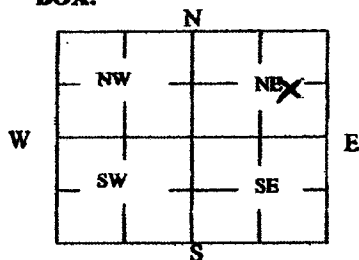
☐ GPS unit (Make/Model: _____)☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER:

RR#, St. Address, Box #:

City, State ZIP Code:

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

4 DEPTH OF WELL 40 ft.WELL'S STATIC WATER LEVEL 10 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☐ RMP (SR)☐ Wrought☐ Fiberglass☐ Other (Specify below) _____☒ PVC☐ ABS☐ Asbestos-Cement☐ Concrete TileBlank casing diameter 5 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____Casing height above or below land surface 24 in. Below

6 GROUT PLUG MATERIAL:

☐ Neat cement☒ Cement grout☐ Bentonite☐ Other _____

Grout Plug Intervals: From _____ ft. to _____ 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☐ Feedyard☐ 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
<u>36</u>	<u>25</u>	<u>Sand & Gravel</u>			
<u>25</u>	<u>17</u>	<u>Clays</u>			
<u>17</u>	<u>9</u>	<u>Sand & Gravel</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/1/15 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/day/year) _____ under the business name of House Owner by (signature) [Signature]

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>.