

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

MW4

1 LOCATION OF WATER WELL: County: Neosho	Fraction SE¼ NE¼ NE¼ NE¼	Section Number 32	Township Number T 27 S	Range Number 18 <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 <input type="checkbox"/> 2110 S Santa Fe, Chanute, KS 66720	Global Positioning Systems (GPS) information: Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m
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2 WATER WELL OWNER: KDHE (Southtown) RR#, 1000 SW Jackson City, State ZIP Code: Topeka, KS 66612	
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td colspan="3" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">W</td><td></td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td><td></td></tr> <tr><td colspan="3" style="text-align: center;">S</td></tr> </table> </div>	N			NW	NE	X	W		E	SW	SE		S			4 DEPTH OF WELL 19.4 ft. MW4 WELL'S STATIC WATER LEVEL _____ ft WELL WAS USED AS: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<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 _____
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5 TYPE OF BLANK CASING USED:	<input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specific below) <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile
Blank casing diameter 2 in.	Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3'
Casing heigh above or below land surface NA in.	

6 GROUT PLUG MATERIAL:	<input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Soil and gravel: 0-0.5'
Grout Plug Intervals: From 0.5 ft to 19.4 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 checked="" 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 type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Lateral lines <input type="checkbox"/> Feed yard <input type="checkbox"/> Abandoned water well Direction from well? _____ <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well How many feet? _____	

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Soil and gravel			
0.5	19.4	Bentonite			
KDHE ID: Southtown; U3-067-14431					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/11-12/19 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) 6/14/2019 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.