

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

MW-4

1 LOCATION OF WATER WELL: County: Butler	Fraction NW ¼ Nw ¼ Nw ¼ NW ¼	Section Number 29	Township Number T 27 S	Range Number 3 <input checked="" type="checkbox"/> E <input type="checkbox"/> W																																																																										
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"/> 514 South Andover Rd. Andover, KS		Global Positioning Systems (GPS) information: Latitude: 37.678775 (in decimal degrees) Longitude: -97.134784 (in decimal degrees) Elevation: 1321.82 Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: DRL <input type="checkbox"/> GPS unit (Make/Model): _____ <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																																																												
2 WATER WELL OWNER: Unknown RR#, St. Address, Box #: City, State ZIP Code:		4 DEPTH OF WELL <u>25</u> ft. 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 checked="" type="checkbox"/> No <input 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 _____																																																														
<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 _____																																																																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px;">X</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="width: 20px;">NW</td> <td style="width: 20px;"></td> <td style="width: 20px;">NE</td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="width: 20px;">SW</td> <td style="width: 20px;"></td> <td style="width: 20px;">SE</td> </tr> </table> S W E </div>		X			NW		NE				SW		SE	5 TYPE OF BLANK CASING USED: <table style="width:100%;"> <tr> <td><input type="checkbox"/> Steel</td> <td><input type="checkbox"/> RMP (SR)</td> <td><input type="checkbox"/> Wrought</td> <td><input type="checkbox"/> Fiberglass</td> <td><input type="checkbox"/> Other (Specify below) _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> PVC</td> <td><input type="checkbox"/> ABS</td> <td><input type="checkbox"/> Asbestos-Cement</td> <td><input type="checkbox"/> Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>Upper 3 feet removed</u> Casing height above or below land surface <u>2</u> in.			<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specify below) _____	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile																																																					
X																																																																														
NW		NE																																																																												
SW		SE																																																																												
<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specify below) _____																																																																										
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile																																																																											
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>0</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td><input type="checkbox"/> Septic tank</td> <td><input type="checkbox"/> Seepage pit</td> <td><input checked="" type="checkbox"/> Fuel storage</td> <td><input type="checkbox"/> Other (specify below) _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer lines</td> <td><input type="checkbox"/> Pit privy</td> <td><input type="checkbox"/> Fertilizer storage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Watertight sewer lines</td> <td><input type="checkbox"/> Sewage lagoon</td> <td><input type="checkbox"/> Insecticide storage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lateral lines</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Abandoned water well</td> <td>Direction from well? <u>contaminated well</u></td> </tr> <tr> <td><input type="checkbox"/> Cess pool</td> <td><input type="checkbox"/> Livestock pens</td> <td><input type="checkbox"/> Oil well/Gas well</td> <td>How many feet? <u>0</u></td> </tr> </table>		<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"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? <u>contaminated well</u>	<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? <u>0</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>25</td> <td>Bentonite</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	0	25	Bentonite																																													
<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"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? <u>contaminated well</u>																																																																											
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? <u>0</u>																																																																											
FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS																																																																									
0	25	Bentonite																																																																												
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12/9/2016</u> 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) <u>1/2/2017</u> under the business name of <u>BA Environmental, LLC</u> by (signature) <u>Christopher J. Busch P.G.</u>																																																																														

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.

KSA82a-1212

Revised 1/20/2015