

**WATER WELL PLUGGING RECORD Form WWC-5P**

KSA 82a-1212 ID NO.

SVE-1

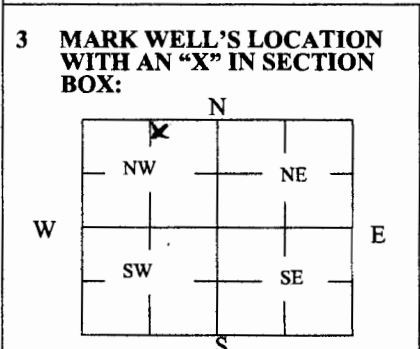
<b>1 LOCATION OF WATER WELL:</b> County: <b>Butler</b>	Fraction <b>NE 1/4 NW 1/4 NE 1/4 NW 1/4</b>	Section Number <b>7</b>	Township Number <b>T 27 S</b>	Range Number <b>3</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  At intersection of **N Ruger Circle & N Ruger Court** in **Andover**  
*travel 100' east, south side*

**Global Positioning Systems (GPS) information:**  
Latitude: **37.721666** (in decimal degrees)  
Longitude: **-97.146388** (in decimal degrees)  
Elevation: **NA**  
Horizontal Datum:  WGS84,  NAD83,  NAD27  
Collection Method:

**2 WATER WELL OWNER:**  
RR#, St. Address, Box #:  
City, State ZIP Code:

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



**4 DEPTH OF WELL** 40 ft.  
WELL'S STATIC WATER LEVEL 38 ft.  
WELL WAS USED AS:

<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 _____

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 2 in. Was casing pulled? Yes  No  If yes, how much 3 ft.  
Casing height above or below land surface -36 in.

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

Grout Plug Intervals: From 0 ft. to 40 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 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? _____
<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	40	Bentonite grout			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/12/2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604. This Water Well Record was completed on (mo/day/year) 10/11/18 under the business name of Environmental Priority Service, Inc. by (signature) *[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.