

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b> Fraction County: Butler SE 1/4 Sw 1/4 SW 1/4 SW 1/4		Section Number 5	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"/> 300 E. 21st Street Andover, KS 67002		<b>Global Positioning Systems (GPS) information:</b> Latitude: 37.723538 (in decimal degrees) Longitude: -97.133062 (in decimal degrees) Elevation: 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 checked="" 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																																																								
<b>2 WATER WELL OWNER:</b> Triple E Properties RR#, St. Address, Box #: 2819 W. Driftwood Cir. City, State ZIP Code: Wichita, KS 67204																																																										
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF WELL</b> 46 ft. <b>WELL'S STATIC WATER LEVEL</b> 26 ft <b>WELL WAS USED AS:</b> <table> <tr> <td><input checked="" type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input checked="" type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; 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 type="checkbox"/>			<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input 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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<b>5 TYPE OF BLANK CASING USED:</b>																																																										
<input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Other (Specify below) _____																																																										
Blank casing diameter 6 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface ** in.																																																										
<b>6 GROUT PLUG MATERIAL:</b> <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																																																										
Grout Plug Intervals: From 3 ft. to 0 ft., From 46 ft. to 3 ft., From _____ ft. to _____ ft.																																																										
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/28/2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. n/a. This Water Well Record was completed on (mo/day/year) 12/14/2018 under the business name of Triple E Properties by (signature) <i>Harry Kirkman</i>																																																										
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS <b>RECEIVED</b> 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> Telephone 785-296-5524.																																																										
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