

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. 

<b>1 LOCATION OF WATER WELL:</b> County: Butler		Fraction SW $\frac{1}{4}$ SW $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 15	Township Number T 27 S	Range Number 04 <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"/> West Southwest of Intersection Highland  <u>Dr. and Sunset Dr., Augusta, KS 67010</u>			<b>Global Positioning Systems (GPS) information:</b> Latitude: N37 41.682 (in decimal degrees) Longitude: W96 59.219 (in decimal degrees) Elevation: 1230 Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 <b>Collection Method:</b> <input checked="" type="checkbox"/> GPS unit (Make/Model): <u>Garmin Nuvi 200</u> <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey <b>Est. Accuracy:</b> <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																																		
<b>2 WATER WELL OWNER:</b> City of Augusta RR#, St. Address, Box #: B.O. Box 489 City, State ZIP Code: Augusta, KS 67010																																																					
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF WELL</b> <u>56' 6"</u> ft. <b>WELL'S STATIC WATER LEVEL</b> <u>45' 7"</u> ft <b>WELL WAS USED AS:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> <input checked="" type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Public Water Supply  <input type="checkbox"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Dewatering  <input type="checkbox"/> Monitoring  <input type="checkbox"/> Injection Well  <input type="checkbox"/> Other _____ </td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____																																													
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____																																																			
<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"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Other (Specify below) _____																																																					
Blank casing diameter <u>10</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>36 below</u> in.																																																					
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																																																					
Grout Plug Intervals: From <u>0</u> ft. to <u>53'6"</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.																																																					
What is the nearest source of possible contamination: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Septic tank  <input type="checkbox"/> Sewer lines  <input type="checkbox"/> Watertight sewer lines  <input type="checkbox"/> Lateral lines  <input type="checkbox"/> Cess pool </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Seepage pit  <input type="checkbox"/> Pit privy  <input type="checkbox"/> Sewage lagoon  <input type="checkbox"/> Feedyard  <input type="checkbox"/> Livestock pens </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Fuel Storage  <input type="checkbox"/> Fertilizer storage  <input type="checkbox"/> Insecticide storage  <input checked="" type="checkbox"/> Abandoned water well  <input type="checkbox"/> Oil well/Gas well </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Other (specify below) _____ </td> </tr> </table> Direction from well? <u>South</u> How many feet? <u>100'</u>						<input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool	<input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens	<input type="checkbox"/> Fuel Storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input checked="" type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well	<input type="checkbox"/> Other (specify below) _____																																												
<input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool	<input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens	<input type="checkbox"/> Fuel Storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input checked="" type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well	<input type="checkbox"/> Other (specify below) _____																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>53' 6</td> <td>Cement Grout</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	53' 6	Cement Grout																																							
FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS																																																
0	53' 6	Cement Grout																																																			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6/8/2012</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>N/A</u> . This Water Well Record was completed on (mo/day/year) <u>6/18/2012</u> under the business name of <u>City of Augusta</u> by (signature) <u>Jean Butler</u>																																																					
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																																																					