

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

0043588

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction SW 1/4 SE 1/4 SW 1/4 1/4		Section Number 36		Township Number T 28 S		Range Number 1 ☒ E ☐ W																																																	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☒				Global Positioning Systems (GPS) information:																																																					
				Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27 Collection Method: ☐ GPS unit (Make/Model): _____ ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m																																																					
2 WATER WELL OWNER: Gas Lane, Inc. RR#, St. Address, Box #: 1506 N. Nelson City, State ZIP Code: Derby, KS 67037																																																									
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px;">NW</td><td style="width: 20px;"></td><td style="width: 20px;">NE</td></tr> <tr><td style="width: 20px;">SW</td><td style="width: 20px; text-align: center;">X</td><td style="width: 20px;">SE</td></tr> </table> S W E				NW		NE	SW	X	SE	4 DEPTH OF WELL 55 ft. WELL'S STATIC WATER LEVEL 29.80 ft WELL WAS USED AS: ☐ Domestic ☐ Irrigation ☐ Feedlot ☐ Industrial ☐ Public Water Supply ☐ Oil Field Water Supply ☐ Domestic (Lawn & Garden) ☐ Air Conditioning ☐ Dewatering ☒ Monitoring ☐ Injection Well ☐ Other _____ Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒																																															
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SW	X	SE																																																							
5 TYPE OF BLANK CASING USED: ☐ Steel ☒ PVC ☐ RMP (SR) ☐ ABS ☐ Wrought ☐ Asbestos-Cement ☐ Fiberglass ☐ Concrete Tile ☐ Other (Specify below) _____ Blank casing diameter 2 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3 ft. Casing height above or below land surface Flush in.																																																									
6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____ Grout Plug Intervals: From 1 ft. to 37 ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☒ Sewer lines ☐ Watertight sewer lines ☐ Lateral lines ☐ Cess pool ☐ Seepage pit ☐ Pit privy ☐ Sewage lagoon ☐ Feedyard ☐ Livestock pens ☐ Fuel Storage ☐ Fertilizer storage ☐ Insecticide storage ☐ Abandoned water well ☐ Oil well/Gas well ☐ Other (specify below) _____ Direction from well? _____ How many feet? _____ <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>3'</td> <td>55'</td> <td>Bentonite</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td>3'</td> <td>Well had debris to be replaced by Engineered fill prior to pouring.</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	3'	55'	Bentonite				0	3'	Well had debris to be replaced by Engineered fill prior to pouring.																																	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/22/2009 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416. This Water Well Record was completed on (mo/day/year) 10/20/2009 under the business name of Terracon Consultants, Inc. by (signature) <i>[Signature]</i>																																																									
INSTRUCTIONS: 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 http://www.kdheks.gov/waterwell/index.html .																																																									

Check one: ☐ White Copy ☐ Blue Copy ☐ Pink Copy