

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NW 1/4 SE 1/4 NW 1/4 1/4	Section Number 18	Township Number T 29 S	Range Number R 21 E W
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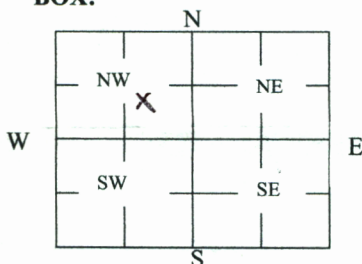
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☒

Global Positioning Systems (GPS) information: *PKC*
Latitude: _____ (in decimal degrees)
Longitude: _____ (in decimal degrees)
Elevation: _____
Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
Collection Method: _____

2 WATER WELL OWNER: WENDI LOVE
RR#, St. Address, Box #: 9031 S STEARNS ST
City, State ZIP Code: HAYSVILLE, KS 67060

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

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 50 ft.

WELL'S STATIC WATER LEVEL 15 ft

WELL WAS USED AS:

- | | | |
|--|---|---|
| ☒ Domestic | ☐ Public Water Supply | ☐ Dewatering |
| ☐ Irrigation | ☐ Oil Field Water Supply | ☐ Monitoring |
| ☐ Feedlot | ☐ Domestic (Lawn & Garden) | ☐ Injection Well |
| ☐ Industrial | ☐ Air Conditioning | ☐ 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 5 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 24"
Casing height above or below land surface 24 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Plug Intervals: From 18 ft. to 15 ft., From 4 ft. to 2 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| ☐ Septic tank | ☐ Seepage pit | ☐ Fuel storage | ☒ Other (specify below)
WELL WAS ABANDONED
Direction from well? _____
How many feet? _____ |
| ☐ Sewer lines | ☐ Pit privy | ☐ Fertilizer storage | |
| ☐ Watertight sewer lines | ☐ Sewage lagoon | ☐ Insecticide storage | |
| ☐ Lateral lines | ☐ Feedyard | ☐ Abandoned water well | |
| ☐ Cess pool | ☐ Livestock pens | ☐ Oil well/Gas well | |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
2	0	TOP SOIL			
4	2	BENNTONITE			
15	4	SUB SOIL			
30	18	SAND			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-24-21 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) 12-24-21 under the business name of _____ by (signature) *Wendi Love*

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.

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Revised 1/20/2015