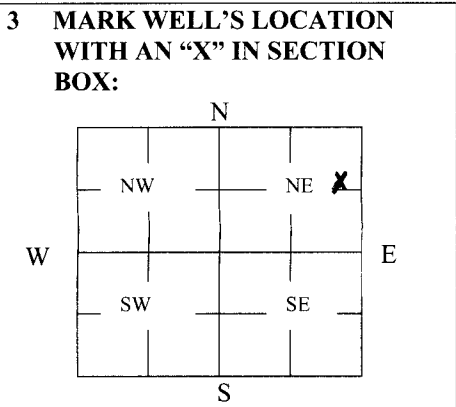


**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**

|  |                                   |                             |                             |                               |
|--|-----------------------------------|-----------------------------|-----------------------------|-------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>NEMAH</u> | Fraction<br><u>NE</u> 1/4 1/4 1/4 | Section Number<br><u>34</u> | Township Number<br><u>3</u> | Range Number<br><u>13</u> E/W |
|--|-----------------------------------|-----------------------------|-----------------------------|-------------------------------|

Distance and direction from nearest town or city street address of well if located within city?

|  |   |
|--|---|
| <b>2 WATER WELL OWNER:</b> <u>GRAIG HEIDEN</u><br>RR#, St. Address, Box #: <u>1473 120TH RD.</u><br>City, State ZIP Code: <u>SENECA, KS. 66538</u> | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |
|--|---|



**4 DEPTH OF WELL** 4 ft.  
WELL'S STATIC WATER LEVEL 3 ft.

WELL WAS USED AS:

|   |  |   |
|---|--|---|
| <input checked="" type="radio"/> 1 Domestic | <input type="radio"/> 5 Public Water Supply      | <input type="radio"/> 9 Dewatering      |
| <input type="radio"/> 2 Irrigation          | <input type="radio"/> 6 Oil Field Water Supply   | <input type="radio"/> 10 Monitoring     |
| <input type="radio"/> 3 Feedlot             | <input type="radio"/> 7 Domestic (Lawn & Garden) | <input type="radio"/> 11 Injection Well |
| <input type="radio"/> 4 Industrial          | <input type="radio"/> 8 Air Conditioning         | <input type="radio"/> 12 Other _____    |

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No

**5 TYPE OF BLANK CASING USED:**

|                                  |                                     |  |  |  |
|----------------------------------|-------------------------------------|--|--|--|
| <input type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 5 Wrought         | <input type="checkbox"/> 7 Fiberglass    | <input type="checkbox"/> 9 Other (Specify below) |
| <input type="checkbox"/> 2 PVC   | <input type="checkbox"/> 4 ABS      | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 8 Concrete Tile | <u>ROCK CASING</u>                               |

Blank casing diameter 48 in. Was casing pulled? Yes \_\_\_\_\_ No  If yes, how much \_\_\_\_\_  
Casing height above or below land surface 48 in.

**6 GROUT PLUG MATERIAL:**  1 Neat cement  2 Cement grout  3 Bentonite  4 Other \_\_\_\_\_

Grout Plug Intervals: From 3 ft. to 2 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> 1 Septic tank            | <input type="checkbox"/> 6 Seepage pit                | <input type="checkbox"/> 11 Fuel Storage         | <input type="checkbox"/> 16 Other (specify below) |
| <input type="checkbox"/> 2 Sewer lines            | <input type="checkbox"/> 7 Pit privy                  | <input type="checkbox"/> 12 Fertilizer storage   | _____   |
| <input type="checkbox"/> 3 Watertight sewer lines | <input type="checkbox"/> 8 Sewage lagoon              | <input type="checkbox"/> 13 Insecticide storage  | _____   |
| <input type="checkbox"/> 4 Lateral lines          | <input type="checkbox"/> 9 Feedyard                   | <input type="checkbox"/> 14 Abandoned water well | Direction from well? <u>NE</u>                    |
| <input type="checkbox"/> 5 Cess pool              | <input checked="" type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 15 Oil well/Gas well    | How many feet? <u>150</u>                         |

| FROM     | TO       | PLUGGING MATERIALS     | FROM | TO | PLUGGING MATERIALS |
|----------|----------|------------------------|------|----|--------------------|
| <u>4</u> | <u>3</u> | <u>CHLORNITED SAND</u> |      |    |                    |
| <u>3</u> | <u>2</u> | <u>BENTONITE</u>       |      |    |                    |
| <u>2</u> | <u>0</u> | <u>TOP SOIL</u>        |      |    |                    |
|          |          |                        |      |    |                    |
|          |          |                        |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-18-09 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) 5-18-09 under the business name of \_\_\_\_\_ by (signature) Grig Heiden

**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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.