

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

<b>1 LOCATION OF WATER WELL:</b> County: Atchison	Fraction ¼ ¼ NW ¼ NE ¼	Section Number 27	Township Number T 6 S	Range Number 17 <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  N of intersection of Chautauqua Rd & Rt.  
116 SW of Effingham, Kansas

**2 WATER WELL OWNER:** Atchison Co CRWD No. 5  
RR#, St. Address, Box #: P.O. Box 65  
City, State ZIP Code: Lancaster, KS 66041

**Global Positioning Systems (GPS) information:**  
Latitude: 39 deg 30.423'N (in decimal degrees)  
Longitude: 95 deg 30.285' W (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

<p><b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b></p> <div style="text-align: center;"> </div>	<p><b>4 DEPTH OF WELL</b> <u>90.5</u> ft. WELL'S STATIC WATER LEVEL <u>3.5</u> ft</p> <p>WELL WAS USED AS:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input checked="" 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> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input checked="" 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 _____
<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering											
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input checked="" 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 _____											

**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 \_\_\_\_\_  
 Casing height above or below land surface cut 36 B.G. in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From 30 ft. to -3 BG ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
90.5	30	Chlorinated sand			
30	3	Bentonite Holeplug			
3	Grade	Topsoil			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/3/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102. This Water Well Record was completed on (mo/day/year) 1/9/13 under the business name of Layne Christensen Company by (signature)

**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