

**WATER WELL PLUGGING RECORD Form WWC-5P**

KSA 82a-1212 ID NO.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Ellis</u>	Fraction <u>1/4 SE 1/4 SW 1/4 SE 1/4</u>	Section Number <u>32</u>	Township Number <u>T 13 S</u>	Range Number <u>18</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> 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:**

Latitude: 38.872133 (in decimal degrees)  
 Longitude: 99.342817 (in decimal degrees)  
 Elevation: 2004  
 Datum:  WGS84,  NAD83,  NAD27

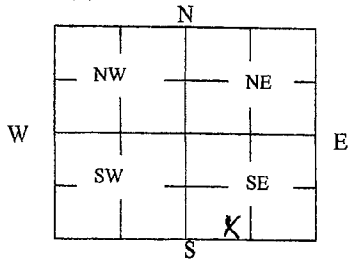
**Collection Method:**

GPS unit (Make/Model: Garmin eTrex)  
 Digital Map/Photo,  Topographic Map,  Land Survey

Est. Accuracy:  < 3 m,  3-5 m,  5-15 m,  > 15 m

**2 WATER WELL OWNER:** Fort Hays St. Univ  
 RR#, St. Address, Box #: 600 Park St.  
 City, State ZIP Code: Hays, KS. 67601

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



**4 DEPTH OF WELL** \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft

**WELL WAS USED AS:**

- |                                                |                                                   |                                         |
|------------------------------------------------|---------------------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> Domestic   | <input type="checkbox"/> Public Water Supply      | <input type="checkbox"/> Dewatering     |
| <input checked="" type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply   | <input 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 _____    |

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 \_\_\_\_\_  
 Casing height above or below land surface 36 in.

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

Grout Plug Intervals: From 6 ft. to 3 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. 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 checked="" 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? <u>North</u>              |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? <u>160</u>                      |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>36'</u>	<u>6'</u>	<u>sand</u>	<u>6'</u>	<u>3'</u>	<u>cement</u>
<u>3'</u>	<u>0</u>	<u>soil</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-1-15 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) 6-3-15 under the business name of Fort Hays State University by (signature) [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>.