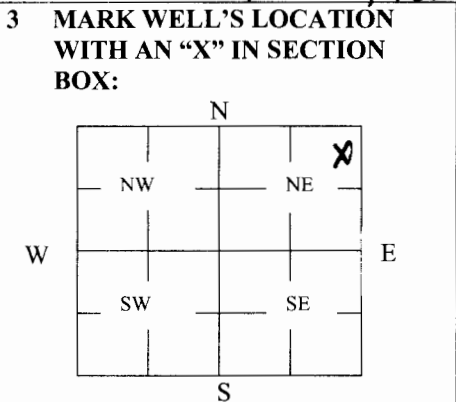


**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**

1 **LOCATION OF WATER WELL:** Fraction 1/4 NE 1/4 NE 1/4 Section Number 34 Township Number 13 S Range Number 18 E/W  
 County: ELLIS

Distance and direction from nearest town or city street address of well if located within city?  
HAYS FAMILY MEDICINE 2509 CANTERBURY DR. HAYS KS NDAT WELL IN BUILDING

2 **WATER WELL OWNER:** HAYS MEDICAL CENTER Global Positioning Systems (decimal degrees, min. of 4 digits)  
 RR#, St. Address, Box #: 2220 CANTERBURY DR  
 City, State ZIP Code: HAYS, KS 67601  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_



4 **DEPTH OF WELL** 34 ft.  
 WELL'S STATIC WATER LEVEL 34 ft.  
 WELL WAS USED AS:  
 1 Domestic 5 Public Water Supply 9 Dewatering  
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring  
 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well  
 4 Industrial 8 Air Conditioning 12 Other \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No \_\_\_\_\_

5 **TYPE OF BLANK CASING USED:**  
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile  
 Blank casing diameter 5 in. Was casing pulled? Yes \_\_\_\_\_ No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface -3 in.

6 **GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grout Plug Intervals: From -3 ft. to 39 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below)  
 2 Sewer lines 7 Pit privy 12 Fertilizer storage  
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage  
 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? WEST  
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 120'

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>-3</u>	<u>CLAY</u>			
<u>-3</u>	<u>-39</u>	<u>BENTONITE</u>			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/15/16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 478. This Water Well Record was completed on (mo/day/year) 3/15/16 under the business name of Professional Water Well 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.