# WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. SVE-1

**1 LOCATION OF WATER WELL:** County: Ellis | Fraction: SE ¼ SE ¼ NE ¼ ¼ | Section Number: 8 | Township Number: T 13 S | Range Number: 20 ☐ E ☑ W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 10th & Monroe, Ellis

**Global Positioning Systems (GPS) information:**
Latitude: _____ (in decimal degrees)
Longitude: _____ (in decimal degrees)
Elevation: _____
Horizontal 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

**2 WATER WELL OWNER:** Golden Belt Coop
RR#, St. Address, Box #: 917 Monroe
City, State ZIP Code: Ellis, KS 67637

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

N
NW NE
W E
SW SE
S

**4 DEPTH OF WELL** 20 ft.

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

☐ Domestic ☐ Irrigation ☐ Feedlot ☐ Industrial
☐ Public Water Supply ☐ Oil Field Water Supply ☐ Domestic (Lawn & Garden) ☐ Air Conditioning
☐ Dewatering ☐ Monitoring ☐ Injection Well ☑ Other SVE

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

**5 TYPE OF BLANK CASING USED:**

☐ Steel ☑ PVC ☐ RMP (SR) ☐ ABS ☐ Wrought ☐ Asbestos-Cement ☐ Fiberglass ☐ Concrete Tile ☐ Other (Specify below) _____

Blank casing diameter 4 in. Was casing pulled? Yes ☑ No ☐ If yes, how much ~3ft. below ground surface
Casing height above or below land surface _____ in.

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

Grout Plug Intervals: From 3 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

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

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|---|---|---|---|---|---|
| 3 | 20 | Bentonite | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 09/14/2016 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) 09/19/2016 under the business name of GreenField Contractors, Inc. by (signature) Melissa D McElwee

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.