

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: <b>TREGO</b> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <b>23033 T RD</b> <b>WAKEENEY, KS 67672</b>	Fraction <b>NW 1/4 SW 1/4 NE 1/4 SW 1/4</b> Section Number <b>6</b> Township Number <b>T 14 S</b> Range Number <b>23</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	<b>Global Positioning Systems (GPS) information:</b> Latitude: <b>38.860480</b> (in decimal degrees) Longitude: <b>-99.924033</b> (in decimal degrees) Elevation: <b>2340</b> Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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<b>2 WATER WELL OWNER: KAY LINDEN</b> RR#, St. Address, Box #: <b>1173 NE 10TH RD</b> City, State ZIP Code: <b>ELLINWOOD, KS 67526</b>	GPS unit (Make/Model: _____) <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF WELL</b> <u>6'10"</u> ft. <span style="float: right;"><b>Well 4 of 4</b></span> WELL'S STATIC WATER LEVEL <u>1'</u> ft. WELL WAS USED AS: <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 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> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<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 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 _____
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**5 TYPE OF BLANK CASING USED:**

☒ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) \_\_\_\_\_  
☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 10 in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_

Casing height above or below land surface 24 in.

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

Grout Plug Intervals: From 1 ft. to 2 ft., From 2 ft. to 3 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 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
<u>6'10</u>	<u>3</u>	<b>BLEACH/SAND</b>			
<u>3</u>	<u>2</u>	<b>BENTONITE</b>			
<u>2</u>	<u>1</u>	<b>CEMENT</b>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 06/18/2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. SC153. This Water Well Record was completed on (mo/day/year) 06/22/2020 under the business name of FLAX DITCHING & PUMP, LLC by (signature) [Signature]