

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

MW-3

1 LOCATION OF WATER WELL: County: Saline	Fraction NE 1/4 NE 1/4 NE 1/4 NE 1/4	Section Number 13	Township Number T 14 S	Range Number 3 <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 ☐
 1041 E. Iron, Salina, Kansas

Global Positioning Systems (GPS) information:
 Latitude: 37D 50' 27.30"N (in decimal degrees)
 Longitude: 97D 35' 38.85"W (in decimal degrees)
 Elevation: 1218.94 Bolt 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

2 WATER WELL OWNER: The Hurlbut Corporation RR#, St. Address, Box #: P.O. Box 308 City, State ZIP Code: Abilene, Kansas 67410	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>
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4 DEPTH OF WELL 35.00 ft.
WELL'S STATIC WATER LEVEL 29.69 ft
WELL WAS USED AS:

<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 _____

 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 2 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface ~ 1.5 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____
 Grout Plug Intervals: From 0.00 ft. to 35.00 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 checked="" type="checkbox"/> Other (specify below) _____ Former Fuel Storage
<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	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

 Direction from well? East
 How many feet? 150

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0.00	35.00	Bentonite Chips			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) October 3, 2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A. This Water Well Record was completed on (mo/day/year) 10/04/18 under the business name of Quad State Services, Inc. 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 one copy 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>.