

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

| | | | | |
|---|------------------------------|---------------------|---------------------------|--|
| 1 LOCATION OF WATER WELL: County: Ellsworth | Fraction ¼ SE ¼ SW ¼ SE ¼ | Section Number 4 | Township Number T 15 S | Range Number 9 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|------------------------------|---------------------|---------------------------|--|

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here App. 3/8 mile west and 200' north of the intersection of 10th Road & Avenue H, Ellsworth County, KS

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 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: Donald Kihn
 RR#, St. Address, Box #: 1286 Avenue K
 City, State ZIP Code: Ellsworth, KS 67439

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

| | | |
|----|--|----|
| N | | |
| | | |
| NW | | NE |
| | | |
| W | | E |
| SW | | SE |
| | | |
| S | | |

X

4 DEPTH OF WELL 20 ft.
 WELL'S STATIC WATER LEVEL dry ft.
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

| | | | | |
|--------------------------------|-----------------------------------|--|--|---|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input checked="" type="checkbox"/> Other (Specify below) |
| <input type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | Galvanized Metal |

Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 48 in.

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

Grout Plug Intervals: From 9 ft. to 4 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 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 checked="" type="checkbox"/> Abandoned water well | Direction from well? <u>West</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>50</u> |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 20 | 9 | Fill Sand | | | |
| 9 | 4 | Bentonite | | | |
| 4 | 0 | Topsoil | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/18/2009 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) 12/21/2009 under the business name of Ellsworth County NPS Coordinator by (signature) Brad Kutzos

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>.

Check one: White Copy Blue Copy Pink Copy