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

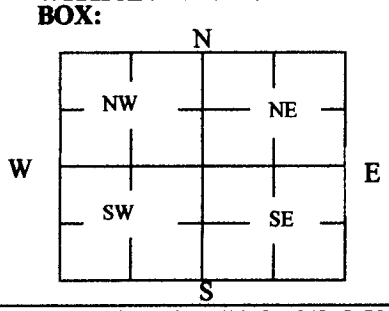
| 1 LOCATION OF WATER WELL: County: Rush | Fraction: SW ¼ SW ¼ SW ¼ ¼ | Section Number: 26 | Township Number: T 17 S | Range Number: 20 ☐ E ☑ W |
|---|---|---|---|---|

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ from Hargrave, Ks 1 mile South, 3 1/2 West

**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:** Ryan Georg
RR#, St. Address, Box #: 2447 C Rd 240
City, State ZIP Code: LaCrosse, Ks 67548

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




**4 DEPTH OF WELL** 20 ft.
WELL'S STATIC WATER LEVEL 10 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 _____
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) Tin
Blank casing diameter 8" in. Was casing pulled? Yes ☑ No ☐ If yes, how much 20 ft
Casing height above or below land surface _____ in.

**6 GROUT PLUG MATERIAL:** ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other _____
Grout Plug Intervals: From 20 ft. to 12 ft., From _____ ft. to _____ ft., From _____ 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 |
|---|---|---|---|---|---|
| 20 | 12 | Gravel | | | |
| 12 | 0 | Hole plug | | | |
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**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03/02/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 0199. This Water Well Record was completed on (mo/day/year) 03/07/12 under the business name of Karst Water Well Drilling & Service, 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 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.