

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1	LOCATION OF WATER WELL: County: McPherson	Fraction 1/4 SE 1/4 SW 1/4 SW 1/4	Section Number 3	Township Number T 17 S	Range Number 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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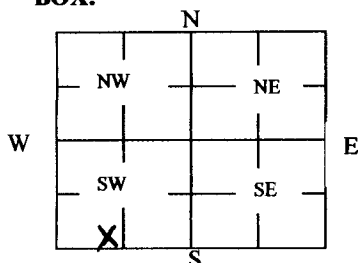
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 2 miles North of Lindsborg, Ks

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: Richard Johnson
 RR#, St. Address, Box #: Rt 1 Box 45
 City, State ZIP Code: Lindsborg, Kansas 67456

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



4 DEPTH OF WELL 15 ft.

WELL'S STATIC WATER LEVEL _____ 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 type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input checked="" type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Other Cistern |

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 concrete

Blank casing diameter 84 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface _____ in.

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

Grout Plug Intervals: From 5 ft. to 6 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 checked="" type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? West |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? 100 ft |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	7	Topsoil			
7	8	Bentonite			
8	15	Fill sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/28/2016 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138. This Water Well Record was completed on (mo/day/year) 7/28/2016 under the business name of Peterson Irrigation, Inc. by (signature) *Michael Peterson*

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>.