

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

| | | | | |
|--|------------------------------|---------------------|---------------------------|--|
| 1 LOCATION OF WATER WELL: County: McPherson | Fraction ¼ SW ¼ SE ¼ NE ¼ | Section Number 3 | Township Number T 17 S | Range Number 3 <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 ☐ 1-1/2 mile North of Lindsborg, Kansas

Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

Elevation: _____

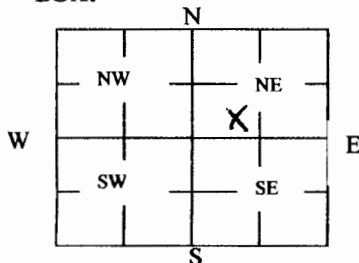
Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

☐ GPS unit (Make/Model: _____)☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: Diane Sampson
RR#, St. Address, Box #: 876 Eastridge Dr.
City, State ZIP Code: Salina, Kansas 67401

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



4 DEPTH OF WELL 64 ft.

WELL'S STATIC WATER LEVEL 24 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)
Transite

Blank casing diameter 16 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 4 ft. to 24 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)
None within 1/4 mile

Direction from well? _____
 How many feet? _____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|------------------------|------|----|--------------------|
| 0 | 4 | Topsoil | | | |
| 4 | 24 | Bentonite | | | |
| 24 | 64 | Fill sand- chlorinated | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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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) 12/23/16 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) 12/23/16 under the business name of Peterson Irrigation, Inc. by (signature) Michael Bote

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>.