WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.	
1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: $S_{CO}++$ $WW_{NW_{NS}}$ $WW_{NW_{NS}}$ $WW_{NW_{NS}}$ WW_{NS} WW	N N
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Global Positioning Systems (GPS) information: Latitude:	ces)
Datum: WGS84, NAD83, NAD27 Collection Method:	
2 WATER WELL OWNER: Gene Hess RR#, St. Address, Box #: 106 Westview Dr. City, State ZIP Code: Scott City Ks. 47871 Ret Accuracy: Care Care Care City Ks. 47871 Ret Accuracy: Care Care Care Care Care Care Care Care	
City, State ZIP Code: Scott City, Ks. 67871 Est. Accuracy: \square <3 m, \square 3-5 m, \square 5-15 m, \square > 15 m	
3 MARK WELL'S LOCATION 4 DEPTH OF WELL	
BOX: WELL'S STATIC WATER LEVEL 154 ft	
WELL WAS USED AS: WELL WAS USED AS: WELL WAS USED AS: Domestic Public Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Injection Well 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 in. Was casing pulled? Yes \bigsup No \bigsup If yes, how much Casing height above or below and surface	_
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other	
Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromft.	
What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Other (specify below) Fertilizer storage	
Watertight sewer lines Sewage lagoon Insecticide storage	_ _ _
FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS	
O 3' Top Soil 3' 6' Concrete with 3' Dia	\dashv
3 6' Concrete with 3' Dia. Cap over 16" Casing	7
6' 186' Sand]
	\dashv
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and w completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Wat Well Contractor's License No This Water Well Record was completed on (mo/day/year) under the business name of by (signature) by (signature)	ter
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.	