

## WATER WELL PLUGGING RECORD Form WWC-5

KSA 82a-1212 ID NO.  

|                                                           |                                             |                            |                                |                                                                                            |
|-----------------------------------------------------------|---------------------------------------------|----------------------------|--------------------------------|--------------------------------------------------------------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>Barton</b> | Fraction<br><b>1/4 SW 1/4 SE 1/4 NE 1/4</b> | Section Number<br><b>5</b> | Township Number<br><b>18 S</b> | Range Number<br><b>13</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|-----------------------------------------------------------|---------------------------------------------|----------------------------|--------------------------------|--------------------------------------------------------------------------------------------|

Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here ☐

251 W Second St., Hoisington

**Global Positioning Systems (GPS) Information:**

Latitude: \_\_\_\_\_ (in decimal degrees)

Longitude: \_\_\_\_\_ (in decimal degrees)

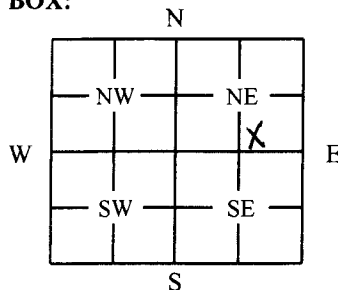
Elevation: \_\_\_\_\_

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 ☐ >15

**2 WATER WELL OWNER:** Shawn Jones Skolaut's 66  
RR#, St. Address, Box # **54 NE 150 Rd**  
City, State ZIP Code **Hoisington, KS 67544**

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:****4 DEPTH OF WELL:** 39 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"/> Old Field Water Supply | <input type="checkbox"/> Monitoring                         |
| <input type="checkbox"/> Feedlot    | <input type="checkbox"/> Domestic (Lawn/Garden) | <input type="checkbox"/> Injection Well                     |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning       | <input checked="" type="checkbox"/> Other <u>Air sparge</u> |

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 type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos/Cement | <input type="checkbox"/> Concrete Tile |                                       |

Blank casing diameter: 2 in. Was casing pulled? ☒ Yes ☐ No If Yes, how much 3'

Casing height above or below land surface: \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other: \_\_\_\_\_Grout Plug Intervals: From 3 ft. To 39 ft. From \_\_\_\_\_ ft. To \_\_\_\_\_ ft. From \_\_\_\_\_ ft. 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 type="checkbox"/> Abandoned water well | Direction from well: _____                            |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet: _____                                  |

| FROM | TO | PLUGGING MATERIAL | FROM | TO | PLUGGING MATERIAL |
|------|----|-------------------|------|----|-------------------|
| 0    | 3  | Native soil (8")  |      |    |                   |
| 3    | 39 | Bentonite (2")    |      |    |                   |
|      |    |                   |      |    | AS-1              |
|      |    |                   |      |    |                   |
|      |    |                   |      |    |                   |
|      |    |                   |      |    |                   |
|      |    |                   |      |    |                   |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/25/2013 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) 12/18/2013 under the business name of GeoCore Inc. by (signature) [Signature].

**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>.