

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

RH-27

1 LOCATION OF WATER WELL: County: Rush Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 1/4 North of Timken	Fraction 1/4 NW 1/4 NW 1/4 NE 1/4	Section Number 23	Township Number T 18 S	Range Number 17 ☐ E ☒ W
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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: Steve Pechanec RR#, St. Address, Box #: 1832 CR 320 City, State ZIP Code: Timken, Ks. 67575	
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL 66 ft. WELL'S STATIC WATER LEVEL 29 ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>☐ Domestic</td> <td>☐ Public Water Supply</td> <td>☐ Dewatering</td> </tr> <tr> <td>☒ Irrigation</td> <td>☐ Oil Field Water Supply</td> <td>☐ Monitoring</td> </tr> <tr> <td>☐ Feedlot</td> <td>☐ Domestic (Lawn & Garden)</td> <td>☐ Injection Well</td> </tr> <tr> <td>☐ Industrial</td> <td>☐ Air Conditioning</td> <td>☐ Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒	☐ Domestic	☐ Public Water Supply	☐ Dewatering	☒ Irrigation	☐ Oil Field Water Supply	☐ Monitoring	☐ Feedlot	☐ Domestic (Lawn & Garden)	☐ Injection Well	☐ Industrial	☐ Air Conditioning	☐ Other _____
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5 TYPE OF BLANK CASING USED:

☒ Steel	☐ RMP (SR)	☐ Wrought	☐ Fiberglass	☐ Other (Specify below) _____
☐ PVC	☐ ABS	☐ Asbestos-Cement	☐ Concrete Tile	

Blank casing diameter 16 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____

Casing height above or below land surface 0 in.

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

Grout Plug Intervals: From 29 ft. to 0 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank	☐ Seepage pit	☐ Fuel Storage	☒ Other (specify below) _____ None _____ Direction from well? _____ How many feet? _____
☐ Sewer lines	☐ Pit privy	☐ Fertilizer storage	
☐ Watertight sewer lines	☐ Sewage lagoon	☐ Insecticide storage	
☐ Lateral lines	☐ Feedyard	☐ Abandoned water well	
☐ Cess pool	☐ Livestock pens	☐ Oil well/Gas well	

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
66	29	Chlorinated gravel			
29	0	Cement			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-19-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo/day/year) 8-20-12 under the business name of Rosencrantz- Bemis 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 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>.

Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy