

**WATER WELL PLUGGING RECORD Form WWC-5P**

KSA 82a-1212 ID NO.

EVO-15

<b>1 LOCATION OF WATER WELL:</b> County: McPherson	Fraction ¼ ¼ NE ¼ NW ¼	Section Number 22	Township Number T 18 S	Range Number 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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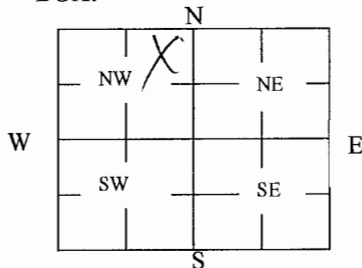
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  1500 Pueblo Road  
McPherson, Kansas 67460

**Global Positioning Systems (GPS) information:**  
Latitude: 38.476574 (in decimal degrees)  
Longitude: -97.642391 (in decimal degrees)  
Elevation: 1519.57  
Horizontal Datum:  WGS84,  NAD83,  NAD27  
Collection Method:

**2 WATER WELL OWNER:** USACE - CENWK (KS City)  
RR#, St. Address, Box #: 601 E 12th Street - Room 460  
City, State ZIP Code: Kansas City, Missouri 64106

GPS unit (Make/Model): \_\_\_\_\_  
 Digital Map/Photo,  Topographic Map,  Land Survey  
Est. Accuracy:  < 3 m,  3-5 m,  5-15 m,  > 15 m

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



**4 DEPTH OF WELL** 60.30 ft.

WELL'S STATIC WATER LEVEL ≈ 30 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 type="checkbox"/> Other _____               |

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 (Specify below) |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile |  |

Blank casing diameter 4 in. Was casing pulled? Yes  No  If yes, how much About 3 feet  
Casing height above or below land surface 0.5 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From 2 ft. to 60.3 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 MATERIALS	FROM	TO	PLUGGING MATERIALS
0	2	Top soil			
2	60.3	Bentonite			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11.30.17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 597. This Water Well Record was completed on (mo/day/year) 11.30.17 under the business name of Los Alamos Technical Associates, Inc. Rascade by (signature) [Signature]

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.