

\$1 By Recd

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

KSA 82a-1212

ID NO. **1 LOCATION OF WATER WELL:**

Fraction

County: **WICHITA****NE 1/4 1/4**

Section Number

2D

Township Number

1D

Range Number

35**E/W**

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **E L M I E R**RR#, St. Address, Box #: **R I D D E R**City, State ZIP Code: **L E O T I K S 6 7 4 6 1****Global Positioning Systems (decimal degrees, min. of 4 digits)**

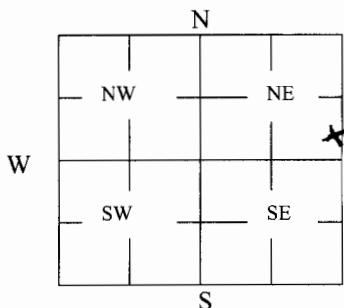
Latitude: _____

Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** **137** ft.WELL'S STATIC WATER LEVEL **12D** ft

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
<input checked="" type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes No **5 TYPE OF BLANK CASING USED:**

<input checked="" type="checkbox"/> 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	_____

Blank casing diameter **16** in. Was casing pulled? Yes No If yes, how much **4011**Casing height above or below land surface **4D** in.**6 GROUT PLUG MATERIAL:**1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____Grout Plug Intervals: From **137** ft. to **60** ft., From **60** ft. to **D** ft., From **D** to **4** ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	6 Seepage pit	11 Fuel Storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	_____
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	_____
4 Lateral lines	9 Feedyard	14 Abandoned water well	Direction from well? SE
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? 1300 F

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
137	60	 sand			
60	D	 bent			
D	4	 Bentonite			
4	0	 dirt			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **D-4-09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **_____**. This Water Well Record was completed on (mo/day/year) **D-4-09** under the business name of **Jones Construction** by (signature) **Jeff Christensen**.

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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.