

#2 1/8 M at Reed
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: <i>Wichita</i>	Fraction <i>NE 1/4</i>	Section Number <i>20</i>	Township Number <i>10</i>	Range Number <i>35</i> <i>W</i>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: <i>ELMER RIDDER</i> RR#, St. Address, Box #: City, State ZIP Code: <i>LEOTI KS 67061</i>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
NW	NE
SW	SE
W	E
S	

X is located in the SE section.

4 DEPTH OF WELL *139* ft.
WELL'S STATIC WATER LEVEL *111* ft.
WELL WAS USED AS:

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

Was a chemical/bacteriological sample submitted to Department? Yes _____ No *X*

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter _____ in. Was casing pulled? Yes *X* No _____ If yes, how much *40'*
 Casing height above or below land surface *40* in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout *X* 3 Bentonite 4 Other _____

Grout Plug Intervals: From *139* ft. to *40* ft., From *40* ft. to *0* ft., From *0* to *4* ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel Storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	Direction from well? <i>SE</i>
<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	How many feet? <i>1450 F</i>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<i>139</i>	<i>40</i>	<i>sand</i>			
<i>40</i>	<i>0</i>	<i>dirt</i>			
<i>0</i>	<i>4</i>	<i>Bentonite</i>			
<i>4</i>	<i>0</i>	<i>dirt</i>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) *8-4-09* 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) *8-4-09* under the business name of *Jones Critchcom* by (signature) *Clay Critchcom*

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>.