

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

GBMW 5

1 LOCATION OF WATER WELL: County: Barton	Fraction SW 1/4 NE 1/4 NW 1/4 SE 1/4	Section Number 31	Township Number T 19 S	Range Number 11 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 203 E. Santa Fe Avenue, Ellinwood, KS		Global Positioning Systems (GPS) information: Latitude: 38.35299 (in decimal degrees) Longitude: 98.57830 (in decimal degrees) Elevation: 1785.22 Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																																		
2 WATER WELL OWNER: Great Bend Cooperative RR#, St. Address, Box #: PO BOX 68 City, State ZIP Code: Great Bend, KS 67530		3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;">N NW NE W X E SW SE S</div>																																																		
4 DEPTH OF WELL 21.95 ft. WELL'S STATIC WATER LEVEL 13.50 ft. WELL WAS USED AS: <table style="width:100%;"><tr><td><input type="checkbox"/> Domestic</td><td><input type="checkbox"/> Public Water Supply</td><td><input type="checkbox"/> Dewatering</td></tr><tr><td><input type="checkbox"/> Irrigation</td><td><input type="checkbox"/> Oil Field Water Supply</td><td><input checked="" type="checkbox"/> Monitoring</td></tr><tr><td><input type="checkbox"/> Feedlot</td><td><input type="checkbox"/> Domestic (Lawn & Garden)</td><td><input type="checkbox"/> Injection Well</td></tr><tr><td><input type="checkbox"/> Industrial</td><td><input type="checkbox"/> Air Conditioning</td><td><input checked="" type="checkbox"/> Other GBMW 5</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<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 checked="" 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 GBMW 5	5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td><input type="checkbox"/> Steel</td><td><input type="checkbox"/> RMP (SR)</td><td><input type="checkbox"/> Wrought</td><td><input type="checkbox"/> Fiberglass</td><td><input type="checkbox"/> Other (Specify below)</td></tr><tr><td><input checked="" type="checkbox"/> PVC</td><td><input type="checkbox"/> ABS</td><td><input type="checkbox"/> Asbestos-Cement</td><td><input type="checkbox"/> Concrete Tile</td><td></td></tr></table> Blank casing diameter 2 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface 36 in.			<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																											
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6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From 3 ft. to 21.95 ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td><input type="checkbox"/> Septic tank</td><td><input type="checkbox"/> Seepage pit</td><td><input type="checkbox"/> Fuel Storage</td><td rowspan="5"><input checked="" type="checkbox"/> Other (specify below) Lust Site Direction from well? _____ How many feet? _____</td></tr><tr><td><input type="checkbox"/> Sewer lines</td><td><input type="checkbox"/> Pit privy</td><td><input type="checkbox"/> Fertilizer storage</td></tr><tr><td><input type="checkbox"/> Watertight sewer lines</td><td><input type="checkbox"/> Sewage lagoon</td><td><input type="checkbox"/> Insecticide storage</td></tr><tr><td><input type="checkbox"/> Lateral lines</td><td><input type="checkbox"/> Feedyard</td><td><input type="checkbox"/> Abandoned water well</td></tr><tr><td><input type="checkbox"/> Cess pool</td><td><input type="checkbox"/> Livestock pens</td><td><input type="checkbox"/> Oil well/Gas well</td></tr></table>					<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input checked="" type="checkbox"/> Other (specify below) Lust Site Direction from well? _____ How many feet? _____	<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	<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well																																
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/12/2014 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 2/21/2014 under the business name of Coranco Great Plains, Inc. by (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