

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

MW-16

|                                            |                            |                      |                         |                        |
|--------------------------------------------|----------------------------|----------------------|-------------------------|------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>Barton | Fraction<br>SE ¼ SE ¼ SW ¼ | Section Number<br>28 | Township Number<br>19 S | Range Number<br>R 13 W |
|--------------------------------------------|----------------------------|----------------------|-------------------------|------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
North East Corner of 12<sup>th</sup> and Williams, Great Bend KS

|                                                                                                                                                |                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WATER WELL OWNER:</b><br>City of Great Bend<br>RR#, St. Address, Box #:<br>1205 Williams<br>City, State ZIP Code:<br>Great Bend, KS 67530 | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                      |                            |                                                   |    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                                                   |           |                            |                   |              |                    |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------|----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|--------------|--------------|--------------------------|---------------------------------------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><br><div style="text-align: center;"> N<br/> <table border="1" style="margin: auto;"> <tr> <td>NW</td> <td>NE</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> <br/> W                      E<br/> <br/> S </div> | NW                         | NE                                                | SW | SE | <b>4 DEPTH OF WELL</b> <u>23.20</u> <b>ft.</b><br><br>WELL'S STATIC WATER LEVEL <u>9.45</u> <b>ft</b><br><br>WELL WAS USED AS:<br><table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> 10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u> _____ | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | <input checked="" type="checkbox"/> 10 Monitoring | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| NW                                                                                                                                                                                                                                                                                   | NE                         |                                                   |    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                                                   |           |                            |                   |              |                    |                |
| SW                                                                                                                                                                                                                                                                                   | SE                         |                                                   |    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                                                   |           |                            |                   |              |                    |                |
| 1 Domestic                                                                                                                                                                                                                                                                           | 5 Public Water Supply      | 9 Dewatering                                      |    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                                                   |           |                            |                   |              |                    |                |
| 2 Irrigation                                                                                                                                                                                                                                                                         | 6 Oil Field Water Supply   | <input checked="" type="checkbox"/> 10 Monitoring |    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                                                   |           |                            |                   |              |                    |                |
| 3 Feedlot                                                                                                                                                                                                                                                                            | 7 Domestic (Lawn & Garden) | 11 Injection Well                                 |    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                                                   |           |                            |                   |              |                    |                |
| 4 Industrial                                                                                                                                                                                                                                                                         | 8 Air Conditioning         | 12 Other _____                                    |    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                                                   |           |                            |                   |              |                    |                |

**5 TYPE OF BLANK CASING USED:**

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

Blank casing diameter 2 in. Was casing pulled? Yes \_\_\_\_\_ x \_\_\_\_\_ No \_\_\_\_\_ If yes, how much 3 ft \_\_\_\_\_  
Casing height above or below land surface 6 in.

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

Grout Plug Intervals:    3 From 3 ft. to 23.20 ft.,    4 From 0 ft. to 3 ft.,    From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|                          |                   |                         |                                                                    |
|--------------------------|-------------------|-------------------------|--------------------------------------------------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel Storage         | <input checked="" type="checkbox"/> 16 Other (specify below) _____ |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   | _____ Contaminated Site _____                                      |
| 3 Watertight sewer lines | 8 Sewage lagoon   | 13 Insecticide storage  |                                                                    |
| 4 Lateral lines          | 9 Feedyard        | 14 Abandoned water well | Direction from well? <u>Northeast</u>                              |
| 5 Cess pool              | 10 Livestock pens | 15 Oil well/Gas well    | How many feet? <u>50</u>                                           |

| FROM | TO     | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|--------|--------------------|------|----|--------------------|
| 0'   | 3'     | Asphalt            |      |    |                    |
| 3'   | 23.20' | Bentonite          |      |    |                    |
|      |        |                    |      |    |                    |
|      |        |                    |      |    |                    |
|      |        |                    |      |    |                    |
|      |        |                    |      |    |                    |
|      |        |                    |      |    |                    |
|      |        |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/20/2009 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585. This Water Well Record was completed on (mo/day/year) 11/19/2009 under the business name of Associated Environmental, Inc. 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.