

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

5699

1 LOCATION OF WATER WELL: County: Barton Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ West of the intersection of 8th and Morphy. South side.	Fraction 1/4 SE 1/4 NW 1/4 NW 1/4	Section Number 33	Township Number T 19 S	Range Number 13 ☐ E ☒ W
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Global Positioning Systems (GPS) information:
 Latitude: **38.359018** (in decimal degrees)
 Longitude: **-98.771051** (in decimal degrees)
 Elevation: **unknown**
 Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27
Collection Method:
☒ GPS unit (Make/Model: **WAAS**)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
 Est. Accuracy: ☐ < 3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: **City of Great Bend**
 RR#, St. Address, Box #: **1209 Williams**
 City, State ZIP Code: **Great Bend, KS 67530**

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto;"> <tr> <td style="text-align: center;">X --NW--</td> <td style="text-align: center;">--NE--</td> </tr> <tr> <td style="text-align: center;">--SW--</td> <td style="text-align: center;">--SE--</td> </tr> </table> W E S	X --NW--	--NE--	--SW--	--SE--	4 DEPTH OF WELL 107.2 ft. WELL'S STATIC WATER LEVEL 11.7 ft. WELL WAS USED AS: ☐ Domestic ☐ Irrigation ☐ Feedlot ☐ Industrial ☒ Public Water Supply ☐ Oil Field Water Supply ☐ Domestic (Lawn & Garden) ☐ Air Conditioning ☐ Dewatering ☐ Monitoring ☐ Injection Well ☐ Other _____ Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒
X --NW--	--NE--				
--SW--	--SE--				

5 TYPE OF BLANK CASING USED:

☒ Steel
☐ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile

☐ Other (Specify below) _____

 Blank casing diameter **18** in. Was casing pulled? Yes ☐ No ☐ If yes, how much _____
 Casing height above or below land surface. _____ in. Casing cut off at top of well block

6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☒ Bentonite ☐ Other _____
 Grout Plug Intervals: From **4** ft. to **0** ft., From **15** ft. to **4** ft., From _____ to _____ ft.
 What is the nearest source of possible contamination:

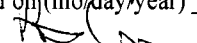
☐ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☐ Fuel Storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well

☐ Other (specify below) _____
None known
 Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
107.2	15	Chlorinated Gravel			
15	4	Bentonite Chips			
4	0	Concrete Grout			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **12/6/10** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **185**. This Water Well Record was completed on (mo/day/year) **12/17/10** under the business name of **Clarke Well & Equipment, 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/1~ndex.html>.

Check one:

☒ White Copy ☐ Blue Copy ☐ Pink Copy