

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

MW-3

1 LOCATION OF WATER WELL: Barton County	Fraction NE ¼ SW ¼ NW ¼	Section Number 33	Township Number 19 S	Range Number R 13 W
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Distance and direction from nearest town or city street address of well if located within city?

Well was located at 2401 7th St., Great Bend, KS, 67530

2 WATER WELL OWNER: Barton County RR#, St. Address, Box #: 1400 Main, Room 108 City, State ZIP Code: Great Bend, KS 67530	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: 1849.45 Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL 16.45 ft. WELL'S STATIC WATER LEVEL 10.40 ft. WELL WAS USED AS: ☒ X 1 Domestic 5 Public Water Supply 9 Dewatering 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 ☒ x
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5 TYPE OF BLANK CASING USED:

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 2 in. Was casing pulled? Yes ☒ x No _____ If yes, how much 3'

Casing height above or below land surface 36 in.

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

Grout Plug Intervals: From 2 0 ft. to 0.5 ft., From 4 0.5 ft. to 3 ft., From 3 3 to 16.45 ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel Storage	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? _____
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0'	0.5'	Concrete			
0.5'	3'	Compacted Soil			
3'	16.45'	Bentonite Chips			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03/22/12 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) 04/22/12 under the business name of Associated Environmental, 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.