

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

43411

|                                                                                                                                                                                                                                                                                              |                              |                      |                           |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Barton<br>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"/><br><u>NE Corner of 10th &amp; Jefferson Sts., Great Bend, KS</u> | Fraction<br>SE ¼ SE ¼ SE ¼ ¼ | Section Number<br>29 | Township Number<br>T 19 S | Range Number<br>13 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------|

**2 WATER WELL OWNER:** Midtown Service  
 RR#, St. Address, Box #: 4000 10th St.  
 City, State ZIP Code: Great Bend, KS 67530

**Global Positioning Systems (GPS) information:**  
 Latitude: \_\_\_\_\_ (in decimal degrees)  
 Longitude: \_\_\_\_\_ (in decimal degrees)  
 Elevation: \_\_\_\_\_  
 Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27  
 Collection Method:  
☐ GPS unit (Make/Model: \_\_\_\_\_)  
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  
 Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**  

N  

|    |    |
|----|----|
| NW | NE |
| SW | SE |

 W                      E  
 S

**4 DEPTH OF WELL** 15 **ft.**  
 WELL'S STATIC WATER LEVEL \_\_\_\_\_ 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 SVE

 Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☐

**5 TYPE OF BLANK CASING USED:**  

☐ Steel  
☒ PVC

☐ RMP (SR)  
☐ ABS

☐ Wrought  
☐ Asbestos-Cement

☐ Fiberglass  
☐ Concrete Tile

☐ Other (Specify below) \_\_\_\_\_

 Blank casing diameter 4 in. Was casing pulled? Yes ☒ No ☐ If yes, how much ~3ft below ground surface  
 Casing height above or below land surface \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_  
 Grout Plug Intervals: From 3 ft. to 15 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ 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) \_\_\_\_\_  
 Direction from well? \_\_\_\_\_  
 How many feet? \_\_\_\_\_

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 3    | 15 | Bentonite          |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    | MSVE-1             |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/20/2014 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) 7/31/2014 under the business name of GreenField Contractors, Inc. by (signature) Melissa D. McElure

**INSTRUCTIONS:** Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy 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>.