

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

0044517

1 LOCATION OF WATER WELL: Fraction NW 1/4 NE 1/4 NE 1/4 1/4 Section Number 32 Township Number T 19 S Range Number 13 ☐ E ☒ W
County: Barton

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 2723 10th Street, Great Bend, KS

Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

Elevation: _____

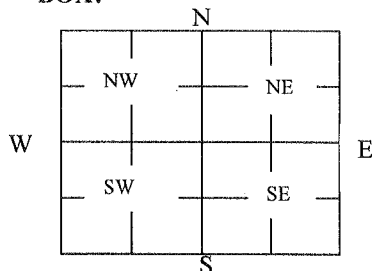
Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

☐ GPS unit (Make/Model: _____)☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: Love's Travel Stops&Store
RR#, St. Address, Box #: PO Box 26210
City, State ZIP Code: Oklahoma City, OK 73126

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



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 _____
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 2 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			
					LMW-6

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. McElwaine

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>.