

**WATER WELL PLUGGING RECORD Form WWC-5P**

**KSA 82a-1212 ID NO.**

MW-3

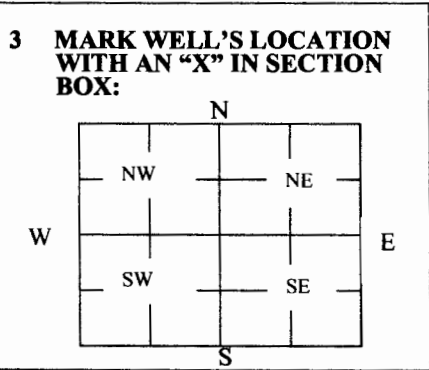
<b>1 LOCATION OF WATER WELL:</b> County: Barton	Fraction SE ¼ NW ¼ NE ¼ NE ¼	Section Number 36	Township Number T 19 S	Range Number 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

**Global Positioning Systems (GPS) information:**  
 Latitude: 38.360831 (in decimal degrees)  
 Longitude: -98.813781 (in decimal degrees)  
 Elevation: \_\_\_\_\_  
 Horizontal Datum:  WGS84,  NAD83,  NAD27  
 Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:** Baker Hughes, A GE Company  
 RR#, St. Address, Box #: 5801 W. 10th St.  
 City, State ZIP Code: Great Bend, KS 67530

GPS unit (Make/Model: Google Earth)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  < 3 m,  3-5 m,  5-15 m,  > 15 m



**4 DEPTH OF WELL** 20 ft.

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft

WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____

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

**5 TYPE OF BLANK CASING USED:**

Steel  RMP (SR)  Wrought  Fiberglass  Other (Specify below) \_\_\_\_\_  
 PVC  ABS  Asbestos-Cement  Concrete Tile

Blank casing diameter 2 in. Was casing pulled? Yes  No  If yes, how much 11  
 Casing height above or below land surface \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From .5 ft. to 20 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input checked="" type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	.5	soil	.5	20	cement

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04/11/2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 676. This Water Well Record was completed on (mo/day/year) 05/04/2018 under the business name of Whitetail Services, LLC by (signature) [Signature]

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.