

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <b>McPherson</b>	Fraction <b>SW 1/4 SW 1/4 SE 1/4</b>	Section Number <b>5</b>	Township Number <b>19</b>	Range Number <b>2</b> <input checked="" type="checkbox"/>
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Distance and direction from nearest town or city street address of well if located within city?  
**3 miles North & 1-1/2 miles West of Galva, KS**

2 WATER WELL OWNER: <b>Cameron Unruh</b>  RR#, St. Address, Box #: <b>PO Box 224</b>  City, State ZIP Code: <b>Galva, KS 67443</b>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  <div style="text-align: center;"> <p>N</p> <table border="1"> <tr> <td>NW</td> <td></td> <td>NE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> <tr> <td></td> <td><b>X</b></td> <td></td> </tr> </table> <p>S</p> <p>W                      E</p> </div>	NW		NE				SW		SE		<b>X</b>		4 DEPTH OF WELL <b>200</b> ft. <b>x3</b> WELL'S STATIC WATER LEVEL <b>n/a</b> ft.  WELL WAS USED AS:  <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td><input checked="" type="checkbox"/> Other _____</td> </tr> </table> <p style="text-align: right;"><b>Geothermal</b></p> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b></p>	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	<input checked="" type="checkbox"/> Other _____
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5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	<input checked="" type="checkbox"/> Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	<b>3/4" Polyethylene</b>

Blank casing diameter **3/4** in. Was casing pulled? Yes \_\_\_\_\_ No **X** If yes, how much \_\_\_\_\_  
Casing height above or below land surface **0** in.

6 GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout      ☒ Bentonite      4 Other \_\_\_\_\_

Grout Plug Intervals: From **0** ft. to **200** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ 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   | _____                      |
| 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	2	Topsoil			
2	22	Clay, gray			
22	90	Shale, gray			
90	91	Fractures			
91	110	Shale, gray			
110	111	Fractures			
111	115	Shale, gray			
115	120	Shale, gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **3/26/10** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **138**. This Water Well Record was completed on (mo/day/year) **4/8/10** under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

**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/geo/waterwells>.