

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

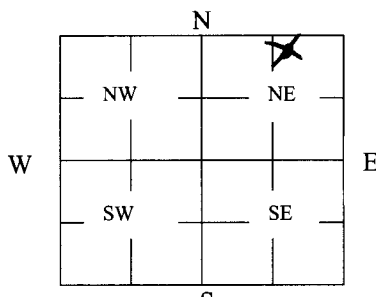
ID NO.

1 LOCATION OF WATER WELL: County: <u>McPherson</u>	Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>12</u>	Township Number <u>19</u>	Range Number <u>2</u> <input checked="" type="checkbox"/> W
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Distance and direction from nearest town or city street address of well if located within city?

3 mi. East & 3 mi North of Galva, KS

2 WATER WELL OWNER: <u>STEVEN Ratzlaff</u> RR#, St. Address, Box #: <u>1429 24 AVE.</u> City, State ZIP Code: <u>Galva, KS 67443</u>	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:  	4 DEPTH OF WELL <u>38</u> ft.  WELL'S STATIC WATER LEVEL <u>26</u> ft.  WELL WAS USED AS:  <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____  Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 <u>ABS</u> 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____  Blank casing diameter <u>6</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>40</u> in.
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____ Grout Plug Intervals: From <u>4</u> ft. to <u>38</u> 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? <u>None within 4mik</u> 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? _____
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FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4	Top Soil			
4	38	BENTONITE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3-2-12</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>138</u> . This Water Well Record was completed on (mo/day/year) <u>3-2-12</u> under the business name of <u>PETERSON IRRIGATION</u> by (signature) <u>Mike Peterson</u>
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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>.