

**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**

<b>1 LOCATION OF WATER WELL:</b> County: <b>McPherson</b>	Fraction <b>SW 1/4 SE 1/4 SE 1/4 NE 1/4</b>	Section Number <b>21</b>	Township Number <b>T 19 S</b>	Range Number <b>2</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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"/> In well house north of grain elevator at McPherson St. & Elizabeth St.		<b>Global Positioning Systems (GPS) information:</b> Latitude: <b>38.385077</b> (in decimal degrees) Longitude: <b>-97.538481</b> (in decimal degrees) Elevation: <b>Unknown</b> Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <b>WAAS</b> ) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m		
<b>2 WATER WELL OWNER:</b> <b>City of Galva</b> RR#, St. Address, Box #: <b>P.O. Box 223</b> City, State ZIP Code: <b>Galva, KS 67443</b>				

<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;">N  <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">--NW--</td><td style="width: 20px; height: 20px; text-align: center;">--NE--</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">--SW--</td><td style="width: 20px; height: 20px; text-align: center;">--SE--</td></tr> </table>  W <span style="margin-left: 100px;">x</span> E S</div>	--NW--	--NE--	--SW--	--SE--	<b>4 DEPTH OF WELL</b> <u>54.75</u> ft. <b>WELL'S STATIC WATER LEVEL</b> <u>21.70</u> ft <b>WELL WAS USED AS:</b> <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
--NW--	--NE--				
--SW--	--SE--				

**5 TYPE OF BLANK CASING USED:**

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

Blank casing diameter 12 in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface. 18 in. To be removed by City at a later date

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

Grout Plug Intervals: From 3 ft. to 54.75 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 Septic tank  Seepage pit  Fuel Storage  Other (specify below) None Known  
 Sewer lines  Pit privy  Fertilizer storage  
 Watertight sewer lines  Sewage lagoon  Insecticide storage  
 Lateral lines  Feedyard  Abandoned water well Direction from well? \_\_\_\_\_  
 Cess pool  Livestock pens  Oil well/Gas well How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Left open to be filled in later			
3	54.75	Bentonite Chips			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 05/31/18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185. This Water Well Record was completed on (mo/day/year) 06/01/18 under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature]

**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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/1-ndex.html>.