

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. 00037767

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																
County: McPherson		NC 1/4 NE 1/4 NW 1/4	29	19	03 W																																
Distance and direction from nearest town or city street address of well if located within city? 821 W. Woodside, McPherson																																					
2 WATER WELL OWNER:		KDHE																																			
RR#, St. Address, Box #		1000 SW Jackson Ste 410		Board of Agriculture, Division of Water Resources																																	
City, State, ZIP Code :		Topeka, KS 66612-1367		Application Number:																																	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 159 ft.																																			
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;">X</td></tr><tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr><tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr></table> <div style="text-align: center;">S</div> <div style="display: flex; justify-content: space-between; width: 100px;">WE</div>		X		NW	NE	SW	SE	WELL'S STATIC WATER LEVEL 87 ft.																													
		X																																			
		NW	NE																																		
		SW	SE																																		
WELL WAS USED AS:																																					
<div style="display: flex; justify-content: space-between;"><div>1 Domestic 2 Irrigation 3 Feedlot 4 Industrial</div><div>5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning</div><div>9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other</div></div>																																					
Was a chemical/bacteriological sample submitted to Department? Yes ___ No X																																					
If yes, mo/day/yr sample was submitted _____																																					
Water Well Disinfected: Yes ___ No X																																					
5 TYPE OF BLANK CASING USED:																																					
<div style="display: flex; justify-content: space-between;"><div>1 Steel 2 PVC</div><div>3 RMP (SR) 4 ABC</div><div>5 Wrought 6 Asbestos-Cement</div><div>7 Fiberglass 8 Concrete Tile</div><div>9 Other (specify below)</div></div>																																					
Blank casing diameter 4 in. Was casing pulled? Yes ___ No X If yes, how much _____																																					
Casing height above or below land surface 36 in. Overdrilled to 3 feet below ground surface																																					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																					
Grout Plug Intervals From 3 ft. to 159 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																					
What is the nearest source of possible contamination:																																					
<div style="display: flex; justify-content: space-between;"><div>1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool</div><div>6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens</div><div>11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well</div><div style="border: 1px solid black; padding: 5px; width: 150px;">16 Other (specify below) Heavy Metals</div></div>																																					
Direction from well? _____ How many feet? _____																																					
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>CODE</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>0</td><td>3</td><td></td><td>Soil</td></tr><tr><td>3</td><td>159</td><td></td><td>Flowable fill concrete</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						FROM	TO	CODE	PLUGGING MATERIALS	0	3		Soil	3	159		Flowable fill concrete																				
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 10-20-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 11-2-04 under the business name of Geotechnical Services, Inc. by (signature) _____																																					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																					