

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

1 LOCATION OF WATER WELL: County: McPherson Fraction SW 1/4 NW 1/4 SE 1/4 1/4 Section Number 28 Township Number T 19 S Range Number 3 ☐ E ☒ W	Global Positioning Systems (GPS) information: Latitude: 38.366139 (in decimal degrees) Longitude: 97.656278 (in decimal degrees) Elevation: 1482 Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27 Collection Method: ☒ GPS unit (Make/Model: Garmin/Legend Extrex) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ < 3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ > 15 m
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2 WATER WELL OWNER: Fred Bohnenblust RR#, St. Address, Box #: 314 Hynes Street City, State ZIP Code: McPherson, KS 67460	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px; text-align: center;">X</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">SE</td> </tr> </table> S W E	NW	NE	SW	X		SE	4 DEPTH OF WELL 60 ft. WELL'S STATIC WATER LEVEL Dry ft WELL WAS USED AS: ☒ Domestic ☐ Irrigation ☐ Feedlot ☐ Industrial ☐ Public Water Supply ☐ Oil Field Water Supply ☐ Domestic (Lawn & Garden) ☐ Air Conditioning ☐ Dewatering ☐ Monitoring ☐ Injection Well ☐ Other _____ Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒
NW	NE							
SW	X							
	SE							

5 TYPE OF BLANK CASING USED: **Casing was cutoff 36 inches below land surface.**

☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass
☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

☒ Other (Specify below)
16 gauge galvanized steel

Blank casing diameter _____ in. Was casing pulled? Yes ☒ No ☐ If yes, how much **36 inches**
 Casing height above or below land surface **36** in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☒ Bentonite ☐ Other _____
 Grout Plug Intervals: From **60** ft. to **50** ft., From **50** ft. to **3.5** ft., From **3.5** to **0** ft.
 What is the nearest source of possible contamination:

☐ Septic tank	☐ Seepage pit	☐ Fuel Storage	☐ Other (specify below) _____
☒ Sewer lines	☐ Pit privy	☐ Fertilizer storage	
☐ Watertight sewer lines	☐ Sewage lagoon	☐ Insecticide storage	
☐ Lateral lines	☐ Feedyard	☐ Abandoned water well	
☐ Cess pool	☐ Livestock pens	☐ Oil well/Gas well	

Direction from well? **North**
 How many feet? **50-75**

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
60	50	Bentonite			
50	3.5	Cement			
3.5	3.0	Bentonite			
3.0	2.5	Cement Cap			
2.5	0	Topsoil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **09/14/2011** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **N/A**. This Water Well Record was completed on (mo/day/year) **09/14/2011** under the business name of **McPherson Board of Public Utilities** 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/index.html>.

Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy