

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: McPherson	Fraction NE 1/4 NE 1/4 NE 1/4 SE 1/4	Section Number 29	Township Number T 19 S	Range Number 3 ☐ E ☒ W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 115 W. Kansas, McPherson KS 67460

Global Positioning Systems (GPS) information:
 Latitude: 38.36890 (in decimal degrees)
 Longitude: -97.66765 (in decimal degrees)
 Elevation: 1499.27'
 Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27
 Collection Method:
☐ GPS unit (Make/Model: _____)
☒ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
 Est. Accuracy: ☐ < 3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: Green Lantern RR#, St. Address, Box #: P.O. Box 856 City, State ZIP Code: Salina, Kansas 67402	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;">SE</td> </tr> </table> S W E	NW	NE	SW	SE
NW	NE				
SW	SE				
4 DEPTH OF WELL 97 ft. WELL'S STATIC WATER LEVEL 94.45 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 ☒					

5 TYPE OF BLANK CASING USED:
☒ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below)
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile
 Blank casing diameter 2 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3' BGS
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____
 Grout Plug Intervals: From 3 ft. to 97 ft., From _____ ft. to _____ ft., From _____ to _____ ft.
 What is the nearest source of possible contamination:

☐ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☒ Fuel Storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well

☐ Other (specify below) _____
 Direction from well? Northwest
 How many feet? 60'

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	.5	Cement			
.5	3	Natural Fill			
3	97	Bentonite Hole Plug			
					MW3

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/22/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 7/23/14 under the business name of GeoStat Environmental LLC by (signature) *John Doe*

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