

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

1 LOCATION OF WATER WELL: County: McPherson	Fraction SW 1/4 SW 1/4 SE 1/4 SW 1/4	Section Number 29	Township Number T 19 S	Range Number 4 <input type="checkbox"/> E <input checked="" type="checkbox"/> 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 ☐

~40' N & 1250' W of Antelope Trail & Kiowa Rd.

Global Positioning Systems (GPS) information:

Latitude: 38.36246 (in decimal degrees)

Longitude: 97.79105 (in decimal degrees)

Elevation:

Datum: ☒ WGS84, ☐ NAD83, ☐ NAD27

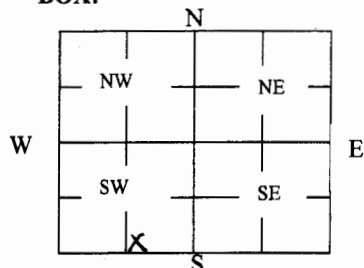
Collection Method:

☐ 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: Williams MCFS, LLC
RR#, St. Address, Box #: 839 Kiowa Road
City, State ZIP Code: McPherson, KS 67460

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 123.6 ft.

WELL'S STATIC WATER LEVEL 23.7 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
☒ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile

☐ Other (Specify below) _____

Blank casing diameter 4 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3' 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 123.6 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? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Native soil (11")			
3	123.6	Neat cement (4")			TH1C
					Pressure grouted
					KDHE waiver dated 9/20/2012

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/22/2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) 12/14/12 under the business name of GeoCore Inc. by (signature) *Dave Roll*

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