

## WATER WELL PLUGGING RECORD Form WWC-5

KSA 82a-1212 ID NO.  

|                                                              |                                                |                             |                                |                                                                                           |
|--------------------------------------------------------------|------------------------------------------------|-----------------------------|--------------------------------|-------------------------------------------------------------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>McPherson</b> | Fraction<br><b>NE 1/4 NE 1/4 NE 1/4 NE 1/4</b> | Section Number<br><b>30</b> | Township Number<br><b>19 S</b> | Range Number<br><b>4</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|--------------------------------------------------------------|------------------------------------------------|-----------------------------|--------------------------------|-------------------------------------------------------------------------------------------|

Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here ☐  
  
**1 mi W & 1/4 mi N of Conway**

**Global Positioning Systems (GPS) Information:**  
 Latitude: **38.37653** (in decimal degrees)  
 Longitude: **97.79661** (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 ☐ >15

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |   |  |   |    |    |  |  |  |  |  |  |    |    |  |  |   |  |  |  |
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| <b>2 WATER WELL OWNER: ONEOK</b><br>RR#, St. Address, Box # <b>661 Highway 56</b><br>City, State ZIP Code <b>McPherson, KS 67460</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">             N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px; text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> <td colspan="2"></td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">S</td> <td colspan="3"></td> </tr> </table>             W <span style="margin-left: 100px;">E</span> </div> |  |   |  | X | NW | NE |  |  |  |  |  |  | SW | SE |  |  | S |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | X |  |   |    |    |  |  |  |  |  |  |    |    |  |  |   |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |   |  |   |    |    |  |  |  |  |  |  |    |    |  |  |   |  |  |  |
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| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |   |  |   |    |    |  |  |  |  |  |  |    |    |  |  |   |  |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |   |  |   |    |    |  |  |  |  |  |  |    |    |  |  |   |  |  |  |
| <b>4 DEPTH OF WELL: 125 ft.</b><br>WELL'S STATIC WATER LEVEL: _____ ft.<br>WELL WAS USED AS:<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Domestic</div> <div style="width: 33%;"><input type="checkbox"/> Public Water Supply</div> <div style="width: 33%;"><input type="checkbox"/> Dewatering</div> <div style="width: 33%;"><input type="checkbox"/> Irrigation</div> <div style="width: 33%;"><input type="checkbox"/> Old Field Water Supply</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Monitoring</div> <div style="width: 33%;"><input type="checkbox"/> Feedlot</div> <div style="width: 33%;"><input type="checkbox"/> Domestic (Lawn/Garden)</div> <div style="width: 33%;"><input type="checkbox"/> Injection Well</div> <div style="width: 33%;"><input type="checkbox"/> Industrial</div> <div style="width: 33%;"><input type="checkbox"/> Air Conditioning</div> <div style="width: 33%;"><input type="checkbox"/> Other _____</div> </div> Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |   |  |   |    |    |  |  |  |  |  |  |    |    |  |  |   |  |  |  |

**5 TYPE OF BLANK CASING USED:**  

☐ Steel

☐ RMP (SR)

☐ Wrought

☐ Fiberglass

☐ Other: \_\_\_\_\_

☒ PVC

☐ ABS

☐ Asbestos/Cement

☐ Concrete Tile

 Blank casing diameter: **4** in. Was casing pulled? ☒ Yes ☐ No If Yes, how much **Drilled out to 34' bgs**  
 Casing height above or below land surface: \_\_\_\_\_ in.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>6 GROUT PLUG MATERIAL:</b> <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| Grout Plug Intervals: From <b>3</b> ft. To <b>34</b> ft. From <b>34</b> ft. To <b>125</b> ft. From _____ ft. To _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| What is the nearest source of possible contamination:<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Septic tank</div> <div style="width: 25%;"><input type="checkbox"/> Seepage pit</div> <div style="width: 25%;"><input type="checkbox"/> Fuel storage</div> <div style="width: 25%;"><input checked="" type="checkbox"/> Other (specify below): <b>Brine pond</b></div> <div style="width: 25%;"><input type="checkbox"/> Sewer lines</div> <div style="width: 25%;"><input type="checkbox"/> Pit privy</div> <div style="width: 25%;"><input type="checkbox"/> Fertilizer storage</div> <div style="width: 25%;"></div> <div style="width: 25%;"><input type="checkbox"/> Watertight sewer lines</div> <div style="width: 25%;"><input type="checkbox"/> Sewage lagoon</div> <div style="width: 25%;"><input type="checkbox"/> Insecticide storage</div> <div style="width: 25%;"></div> <div style="width: 25%;"><input type="checkbox"/> Lateral lines</div> <div style="width: 25%;"><input type="checkbox"/> Feedyard</div> <div style="width: 25%;"><input type="checkbox"/> Abandoned water well</div> <div style="width: 25%;"></div> <div style="width: 25%;"><input type="checkbox"/> Cess pool</div> <div style="width: 25%;"><input type="checkbox"/> Livestock pens</div> <div style="width: 25%;"><input type="checkbox"/> Oil well/Gas well</div> <div style="width: 25%;"></div> </div> Direction from well: <b>SW</b><br>How many feet: <b>226</b> |  |  |  |

| FROM | TO  | PLUGGING MATERIAL         | FROM | TO | PLUGGING MATERIAL   |
|------|-----|---------------------------|------|----|---------------------|
| 0    | 3   | Native Clay (12.5" dia.)  |      |    |                     |
| 3    | 34  | Cement grout (12.5" dia.) |      |    |                     |
| 34   | 125 | Neat cement (4" dia.)     |      |    | OB-16B (Getty #16B) |
|      |     |                           |      |    |                     |
|      |     |                           |      |    |                     |
|      |     |                           |      |    |                     |
|      |     |                           |      |    |                     |
|      |     |                           |      |    |                     |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) **6/20/2013** 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) **7/10/2013** under the business name of **GeoCore 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 one copy 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>.