

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

CUENGL03-6D

1 LOCATION OF WATER WELL: County: McPherson	Fraction SE 1/4 SW 1/4 SW 1/4 NW 1/4	Section Number 27	Township Number 19 S	Range Number 4 <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 ☐

~430' E & 165' N of 9th & Landmark

Global Positioning Systems (GPS) Information:

Latitude: 38.370054 (in decimal degrees)

Longitude: -97.757738 (in decimal degrees)

Elevation: _____

Datum: ☒ WGS84 ☐ NAD83 ☐ NAD27

Collection Method:

☒ GPS unit Make/Model: Phone-GPS Essentials

☐ 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 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: <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px; text-align: center;">NW</td> <td style="width: 20px; text-align: center;">NE</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">X</td> <td></td> <td style="text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table> </div>		NW	NE		W	X		E		SW	SE			S			4 DEPTH OF WELL: <u>Unknown*</u> ft. WELL'S STATIC WATER LEVEL: _____ ft. BTOC WELL WAS USED AS: <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 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 checked="" type="checkbox"/> Other <u>Gas vapor monitoring</u></div> </div> <p>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	NW	NE															
W	X		E														
	SW	SE															
	S																

5 TYPE OF BLANK CASING USED:

☐ Steel

☐ RMP (SR)

☐ Wrought

☐ Fiberglass

☐ Other: _____

☐ PVC

☐ ABS

☐ Asbestos/Cement

☐ Concrete Tile

Poly tubing

Blank casing diameter: 1/4 in. Was casing pulled? ☒ Yes ☐ No If Yes, how much 20'

Casing height above or below land surface: _____ in.

6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other: _____	
--	--

Grout Plug Intervals: From 3 ft. To 23 ft. From _____ ft. To _____ ft. From _____ ft. To _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank

☐ Seepage pit

☐ Fuel storage

☒ Other (specify below): Unknown

☐ 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: _____

How many feet: _____

FROM	TO	PLUGGING MATERIAL	FROM	TO	PLUGGING MATERIAL
0	3	Native soil			
3	23	Bentonite			
					CUENGL03-6D
					*Overdrilled to 23'

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/14/2021 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) 7/2/2021 under the business name of GeoCore, LLC 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>.