

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: McPherson	Fraction ¼ NE ¼ SE ¼ SW ¼	Section Number 24	Township Number T 19 S	Range Number 5 <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 ☐
9 mi W of McPherson on Hwy 56

2 WATER WELL OWNER: Williams MCF&S
 RR#, St. Address, Box #: 1372 7th Ave
 City, State ZIP Code: McPherson, KS 67460

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (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

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

4 DEPTH OF WELL 24.14 **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 Recovery

 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 All
 Casing height above or below and surface 12 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____
 Grout Plug Intervals: From 3 ft. to 25 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			
3	25	Cement grout (8")			RW-15

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/22/2011 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) 12/1/2011 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 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