

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

|   |                              |                      |                           |  |
|---|------------------------------|----------------------|---------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: McPherson | Fraction<br>¼ SE ¼ SW ¼ SW ¼ | Section Number<br>24 | Township Number<br>T 19 S | Range Number<br>5 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|------------------------------|----------------------|---------------------------|--|

|  |  |
|--|--|
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/><br><br>9 mi W of McPherson on Hwy 56 | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: _____)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
|--|--|

|   |   |  |    |    |    |   |  |   |                                   |  |                                     |                                     |   |  |                                  |   |   |                                     |   |                                      |
|---|---|--|----|----|----|---|--|---|-----------------------------------|--|-------------------------------------|-------------------------------------|---|--|----------------------------------|---|---|-------------------------------------|---|--------------------------------------|
| <b>2 WATER WELL OWNER:</b> Williams MCF&S<br>RR#, St. Address, Box #: 1372 7th Ave<br>City, State ZIP Code: McPherson, KS 67460 | <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;">NW</td><td style="width: 20px;">NE</td></tr> <tr><td style="width: 20px;">SW</td><td style="width: 20px;">SE</td></tr> <tr><td style="width: 20px; text-align: center;">X</td><td></td></tr> </table>                     W <span style="margin-left: 100px;">E</span><br/>                     S                 </div> | NW   | NE | SW | SE | X |  | <b>4 DEPTH OF WELL</b> <u>118.9</u> ft.<br>WELL'S STATIC WATER LEVEL <u>21.85</u> ft<br>WELL WAS USED AS:<br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input checked="" type="checkbox"/> Monitoring | <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well | <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |
| NW  | NE  |  |    |    |    |   |  |   |                                   |  |                                     |                                     |   |  |                                  |   |   |                                     |   |                                      |
| SW  | SE  |  |    |    |    |   |  |   |                                   |  |                                     |                                     |   |  |                                  |   |   |                                     |   |                                      |
| X   |   |  |    |    |    |   |  |   |                                   |  |                                     |                                     |   |  |                                  |   |   |                                     |   |                                      |
| <input type="checkbox"/> Domestic   | <input type="checkbox"/> Public Water Supply  | <input type="checkbox"/> Dewatering            |    |    |    |   |  |   |                                   |  |                                     |                                     |   |  |                                  |   |   |                                     |   |                                      |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Oil Field Water Supply   | <input checked="" type="checkbox"/> Monitoring |    |    |    |   |  |   |                                   |  |                                     |                                     |   |  |                                  |   |   |                                     |   |                                      |
| <input type="checkbox"/> Feedlot  | <input type="checkbox"/> Domestic (Lawn & Garden)   | <input type="checkbox"/> Injection Well        |    |    |    |   |  |   |                                   |  |                                     |                                     |   |  |                                  |   |   |                                     |   |                                      |
| <input type="checkbox"/> Industrial   | <input type="checkbox"/> Air Conditioning   | <input type="checkbox"/> Other _____           |    |    |    |   |  |   |                                   |  |                                     |                                     |   |  |                                  |   |   |                                     |   |                                      |

**5 TYPE OF BLANK CASING USED:**

|   |                                   |  |  |  |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Steel          | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought         | <input type="checkbox"/> Fiberglass    | <input type="checkbox"/> Other (Specify below) _____ |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile |  |

Blank casing diameter 4 in. Was casing pulled? Yes  No  If yes, how much 27'  
 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 118.9 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Septic tank            | <input type="checkbox"/> Seepage pit    | <input type="checkbox"/> Fuel Storage         | <input type="checkbox"/> Other (specify below) _____ |
| <input type="checkbox"/> Sewer lines            | <input type="checkbox"/> Pit privy      | <input type="checkbox"/> Fertilizer storage   |  |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon  | <input type="checkbox"/> Insecticide storage  |  |
| <input type="checkbox"/> Lateral lines          | <input type="checkbox"/> Feedyard       | <input type="checkbox"/> Abandoned water well | Direction from well? _____                           |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? _____                                 |

| FROM | TO    | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-------|--------------------|------|----|--------------------|
| 0    | 3     | Native soil        |      |    |                    |
| 3    | 27    | Cement grout (11") |      |    | 18B-1DO            |
| 27   | 118.9 | Cement grout (4")  |      |    |                    |
|      |       |                    |      |    |                    |
|      |       |                    |      |    |                    |

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

**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