

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: JEWELL	Fraction ¼ SE ¼ N ¼ SW ¼	Section Number 13	Township Number T 1 S	Range Number 6 <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 ☒ **2824 300 ROAD COURTLAND KS**

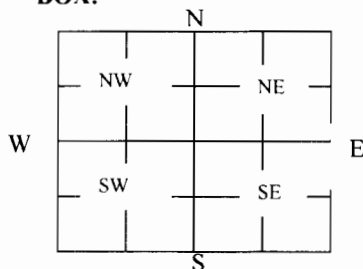
Global Positioning Systems (GPS) information:

Latitude: **39.961527** (in decimal degrees)
Longitude: **-97.950053** (in decimal degrees)
Elevation: **1603**
Horizontal Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27
Collection Method:

2 WATER WELL OWNER: GLEN BEHREND
RR#, St. Address, Box #: **2824 300 ROAD**
City, State ZIP Code: **COURTLAND, KS 66939**

☒ GPS unit (Make/Model: **GARMIN**)
☐ 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 **77** ft.

WELL'S STATIC WATER LEVEL **45** ft

WELL WAS USED AS:

- | | | |
|--|---|---|
| <input checked="" 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 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 |

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

5 TYPE OF BLANK CASING USED:

- ☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☒ Other (Specify below)
☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile **TRANSIT**

Blank casing diameter **7** in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
Casing height above or below land surface **-15** in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other

Grout Plug Intervals: From **4** ft. to **77** ft., From _____ ft. to _____ ft., From _____ ft. 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	TOP SOIL			
3	4	CONCRETE CAP			
4	77	3/8" BENTONITE CHIPS			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **11/08/2016** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **480**. This Water Well Record was completed on (mo/day/year) **12/07/2016** under the business name of **WILLIAMS DRILLING CO INC** by (signature) *Ken Williams*

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

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Revised 1/20/2015