

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

29601

1 LOCATION OF WATER WELL: County: McPherson Fraction $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ Section Number 15 Township Number T 20 S Range Number 1 <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"/> Approximately 5 miles south and 0.75 <u>east of Canton, KS</u>	Global Positioning Systems (GPS) information: Latitude: 38.30487 (in decimal degrees) Longitude: -97.41478 (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" type="checkbox"/> NAD27 Collection Method: _____ <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin GPSmap 60Csx) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
2 WATER WELL OWNER: Jewell M Vogts Rev Trust RR#, St. Address, Box #: 2764 Dakota Road City, State ZIP Code: Canton, KS 67428	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL <u>72</u> ft. WELL'S STATIC WATER LEVEL <u>16</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 16 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____

Casing height above or below land surface below 72 in.

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

Grout Plug Intervals: From 16 ft. to 6 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 checked="" type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	Tailwater Pit
<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? <u>West</u>
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? <u>415 feet</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
72	16	Clean, coarse sand			Well plugging witnessed by
16	6	Cement grout			D. Randolph, GMD2 staff, on
6	0	Topsoil			10-25-2013

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-25-2013 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 10-29-2013 under the business name of Jewell M Vogts Rev Trust by (signature) George M Vogts

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, 1000 W. 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>.

RECEIVED

NOV 07 2013