

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

<b>1 LOCATION OF WATER WELL:</b> County: Barton	Fraction 1/4 1/4 CS 1/4 NW 1/4	Section Number 16	Township Number T 20 S	Range Number 13 <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   
 Approximately 4 miles south of Great Bend.

**2 WATER WELL OWNER:** Esfeld-Meier Trust  
 RR#, St. Address, Box #: 1212 McKinley  
 City, State ZIP Code: Great Bend, KS 67530

**Global Positioning Systems (GPS) information:**  
 Latitude: 38.3117 (in decimal degrees)  
 Longitude: -98.769885 (in decimal degrees)  
 Elevation: Unknown  
 Datum:  WGS84,  NAD83,  NAD27  
 Collection Method:  
 GPS unit (Make/Model: WAAS)  
 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** 91 ft.  
 WELL'S STATIC WATER LEVEL 16.50 ft.  
 WELL WAS USED AS:  
 Domestic  Public Water Supply  Dewatering  
 Irrigation  Oil Field Water Supply  Monitoring  
 Feedlot  Domestic (Lawn & Garden)  Injection Well  
 Industrial  Air Conditioning  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 \_\_\_\_\_

Blank casing diameter 16 in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface. 48 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From 4 ft. to 25 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 Septic tank  Seepage pit  Fuel Storage  Other (specify below) None Known  
 Sewer lines  Pit privy  Fertilizer storage  
 Watertight sewer lines  Sewage lagoon  Insecticide storage  
 Lateral lines  Feedyard  Abandoned water well Direction from well? \_\_\_\_\_  
 Cess pool  Livestock pens  Oil well/Gas well How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4	Topsoil			
4	25	Bentonite Chips			
25	91	Chlorinated gravel			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03/04/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185. This Water Well Record was completed on (mo/day/year) 03/05/14 under the business name of Clarke Well & Equipment, Inc. by (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/1~ndex.html>.