

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO. MW9R

1 LOCATION OF WATER WELL: County: <u>Barton</u>	Fraction <u>1/4 NE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>9</u>	Township Number <u>20 S</u>	Range Number <u>13</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here ☐

214 S US Hwy 281, Great Bend

2 WATER WELL OWNER: Venture Corporation
 RR#, St. Address, Box # PO Box 1486
 City, State ZIP Code Great Bend, KS 67530

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:

N

		X
NW		NE
SW		SE

 S

4 DEPTH OF WELL: 17.22 ft.
WELL'S STATIC WATER LEVEL: 14.31 ft.
WELL WAS USED AS:

☐ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☐ Public Water Supply
☐ Old Field Water Supply
☐ Domestic (Lawn/Garden)
☐ Air Conditioning

☐ Dewatering
☒ Monitoring
☐ Injection Well
☐ Other _____

 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: _____

 Blank casing diameter: 2 in. Was casing pulled? ☒ Yes ☐ No If Yes, how much 3'
 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 17.22 ft. From _____ ft. To _____ ft. From _____ ft. 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: _____

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/11/2019 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) 1/15/2019 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 one copy 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>.