

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: <u>McPherson</u> <u>NE 1/4 NE 1/4 NE 1/4</u> Distance and direction from nearest town or city street address of well if located within city? <u>On Courner of K61 Hwy + Cimmeron Rd</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>34</u>	Township Number <u>20</u>	Range Number <u>4</u> EW
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2 WATER WELL OWNER: <u>Donlinger & Son Const</u> RR#, St. Address, Box #: <u>PO Box 398</u> City, State ZIP Code: <u>Wichita, KS 67201-0398</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>38.27441</u> Longitude: <u>97.74403</u> Elevation: _____ Datum: <u>NAD 83</u> Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>85</u> ft. WELL'S STATIC WATER LEVEL <u>52</u> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>☒ Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>	☒ Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
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5 TYPE OF BLANK CASING USED: 1 Steel ☒ RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile	Blank casing diameter <u>5</u> in. Was casing pulled? Yes _____ No <u>X</u> If yes, how much _____ Casing height above or <u>below</u> land surface <u>36</u> in.
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ Bentonite 4 Other _____	Grout Plug Intervals: From <u>3</u> ft. to <u>52</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel Storage</td> <td>☒ Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td><u>open field</u></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td>Direction from well? _____</td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td>How many feet? _____</td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel Storage	☒ Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	<u>open field</u>	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well	Direction from well? _____	5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? _____
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FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>top soil</u>			
<u>3</u>	<u>52</u>	<u>Bentonite</u>			
<u>52</u>	<u>85</u>	<u>sand + gravel</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11-21-11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>447</u> . This Water Well Record was completed on (mo/day/year) <u>11-22-11</u> under the business name of <u>Miller Drilling</u>	by (signature) <u>[Signature]</u>
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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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.