

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

20130665

<b>1 LOCATION OF WATER WELL:</b> County: <b>Pawnee</b> 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"/> 2 1/2 E of Larned, KS	Fraction 1/4 SE 1/4 SE 1/4 SW 1/4	Section Number 25	Township Number T 21 S	Range Number 16 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																				
<b>2 WATER WELL OWNER:</b> WFY Holding Company RR#, St. Address, Box #: Box 1506 City, State ZIP Code: Great Bend, KS 67530		<b>Global Positioning Systems (GPS) information:</b> Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																						
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF WELL</b> 37 ft. WELL'S STATIC WATER LEVEL 19 ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial         </div> <div> <input type="checkbox"/> Public Water Supply  <input checked="" type="checkbox"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning         </div> <div> <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 type="checkbox"/>																																							
<b>5 TYPE OF BLANK CASING USED:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Steel  <input checked="" type="checkbox"/> PVC         </div> <div> <input type="checkbox"/> RMP (SR)  <input type="checkbox"/> ABS         </div> <div> <input type="checkbox"/> Wrought  <input type="checkbox"/> Asbestos-Cement         </div> <div> <input type="checkbox"/> Fiberglass  <input type="checkbox"/> Concrete Tile         </div> <div> <input type="checkbox"/> Other (Specify below) _____         </div> </div> Blank casing diameter 5 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface 3 ft. below in.																																								
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From 3 ft. to 37 ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank  <input type="checkbox"/> Sewer lines  <input type="checkbox"/> Watertight sewer lines  <input type="checkbox"/> Lateral lines  <input type="checkbox"/> Cess pool         </div> <div> <input type="checkbox"/> Seepage pit  <input type="checkbox"/> Pit privy  <input type="checkbox"/> Sewage lagoon  <input type="checkbox"/> Feedyard  <input type="checkbox"/> Livestock pens         </div> <div> <input type="checkbox"/> Fuel Storage  <input type="checkbox"/> Fertilizer storage  <input type="checkbox"/> Insecticide storage  <input type="checkbox"/> Abandoned water well  <input checked="" type="checkbox"/> Oil well/Gas well         </div> <div> <input type="checkbox"/> Other (specify below) _____          Direction from well? East          How many feet? 115         </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>37</td> <td>3</td> <td>bentonite</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>0</td> <td>top soil</td> <td></td> <td></td> <td>Lee Lease</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Sterling Drilling Company</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>P O Box 1006</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Pratt, Ks 67530</td> </tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	37	3	bentonite				3	0	top soil			Lee Lease						Sterling Drilling Company						P O Box 1006						Pratt, Ks 67530
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01/16/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/year) 01/20/14 under the business name of Kelly's Water Well Service, Inc. by (signature) <i>Kathryn L. Wood</i>																																								
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																																								