

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: Pawnee	Fraction 1/4 NE 1/4 NE 1/4 NE 1/4	Section Number 30	Township Number T 21 S	Range Number 18 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 1 1/2 North 3/4 West of Sanford

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

2 WATER WELL OWNER: E D & J RR#, St. Address, Box #: P O Box 1005 City, State ZIP Code: Great Bend, KS 67530	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL 50 ft. WELL'S STATIC WATER LEVEL 30 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 36 in.

6 GROUT PLUG MATERIAL: ☒ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other _____
 Grout Plug Intervals: From 20 ft. to 3 ft., From _____ ft. to _____ ft., From _____ 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) _____
 None _____
 Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
50	20	Chlorinated gravel			
20	3	Cement			
3	0	Top soil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-31-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo/day/year) 1-11-14 under the business name of Rosencrantz- Bemis Ent Inc by (signature) *Xora Alope*

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/index.html>.

Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy