

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: McPherson	Fraction 1/4 SW 1/4 SW 1/4 SW 1/4	Section Number 9	Township Number 21 S	Range Number 4 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
--	--------------------------------------	---------------------	-------------------------	--

Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here ☐

 111 E. Center, Inman

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 ☐ >15

2 WATER WELL OWNER: Mid Kansas Coop Association RR#, St. Address, Box # PO Box D City, State ZIP Code Moundridge, KS 67107	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p>S</p> </div>																		

4 DEPTH OF WELL: 40 ft.
WELL'S STATIC WATER LEVEL: _____ 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 * _____
 Casing height above or below land surface: _____ in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other: _____
 Grout Plug Intervals: From 0 ft. To 40 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

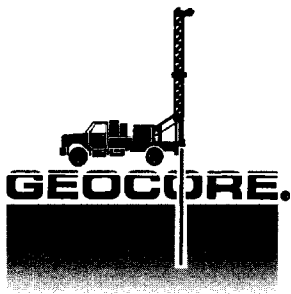
☐ Fuel storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well

☐ Other (specify below): _____
 Direction from well: _____
 How many feet: _____

FROM	TO	PLUGGING MATERIAL	FROM	TO	PLUGGING MATERIAL
0	40	Bentonite (2")			
					MW8
					*At property owner's request, cut
					casing, did not pull, left pad
					(per A. Allen).

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/10/2016 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) 6/14/2016 under the business name of GeoCore Inc. by (signature) Dan A. Allen.

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>.



GeoCore Inc.
Post Office Box 386
2775 Arnold Road, Suite D
Salina, Kansas 67402-0386
Phone (785) 826-1616
Fax (785) 826-9508

January 21, 2016

Pam Chaffee
Kansas Department of Health & Environment
1000 SW Jackson, Ste. 410
Topeka, KS 66612-1367

RE: Mid Kansas Coop, Inman
KDHE Project Code A5 059 40059

Dear Ms. Chaffee:

Enclosed are a water well plugging record (Form WWC-5P) for MW8 and three water well records (Forms WWC-5) for MW11, MW12, and MW13 at the above referenced site, along with a check for the filing fees.

Please contact me if you have any questions about these forms.

Sincerely,

GeoCore Inc.

Eugenie Borrelli

Eugenie Borrelli
Technical Administrative Assistant

Enclosures

Copies: Mid Kansas Coop
#C0546