

**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**

<b>1 LOCATION OF WATER WELL:</b> County: Rice	Fraction NE ¼ SE ¼ NW ¼ NE ¼	Section Number <b>9</b>	Township Number T <b>21</b> S	Range Number <b>9</b> <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

213 N Pioneer Alden, KS

**2 WATER WELL OWNER:** Thomas Myers  
RR#, St. Address, Box #: Box 224  
City, State ZIP Code: Alden, KS 67512

**Global Positioning Systems (GPS) information:**  
Latitude: -38.2434525 (in decimal degrees)  
Longitude: -96.317515 (in decimal degrees)  
Elevation: \_\_\_\_\_  
Datum:  WGS84,  NAD83,  NAD27  
Collection Method:  
 GPS unit (Make/Model: Lat/long are from S-T-R)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

<p><b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b></p> <div style="text-align: center;"> </div>	<p><b>4 DEPTH OF WELL</b> <u>15</u> ft. WELL'S STATIC WATER LEVEL <u>Dry</u> ft. WELL WAS USED AS:  <input type="checkbox"/> Domestic      <input type="checkbox"/> Public Water Supply      <input type="checkbox"/> Dewatering  <input type="checkbox"/> Irrigation      <input type="checkbox"/> Oil Field Water Supply      <input checked="" type="checkbox"/> Monitoring  <input type="checkbox"/> Feedlot      <input type="checkbox"/> Domestic (Lawn &amp; Garden)      <input type="checkbox"/> Injection Well  <input type="checkbox"/> Industrial      <input type="checkbox"/> Air Conditioning      <input type="checkbox"/> Other _____                  Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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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 2 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 3 ft. to 15 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Native Surface			MW7
3	15	Bentonite Grout			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/21/2014 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 2/28/2014 under the business name of Coranco Great Plains 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 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