

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

41495, 38077, 22691

1 LOCATION OF WATER WELL: County: <u>Harvey</u>		Fraction Lot <u>1 1/4</u> 1/4 E/2 1/4 SW 1/4	Section Number <u>19</u>	Township Number T <u>22</u> S	Range Number <u>3</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																				
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> (23632 NW 60th St) approximately 1 mile south and 4 miles east of Buhler, KS			Global Positioning Systems (GPS) information: Latitude: <u>38.11888</u> (in decimal degrees) Longitude: <u>-97.69646</u> (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____ <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Garmin GPSmap 60CSx</u>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																						
2 WATER WELL OWNER: Phillip Burckhart RR#, St. Address, Box #: <u>23632 NW 60th St</u> City, State ZIP Code: <u>Buhler, KS 67522</u>																																									
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF WELL <u>122</u> ft. WELL'S STATIC WATER LEVEL <u>26.78</u> 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"/>																																							
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Steel <input type="checkbox"/> PVC </div> <div style="width: 20%;"> <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS </div> <div style="width: 20%;"> <input checked="" type="checkbox"/> Wrought <input checked="" type="checkbox"/> Asbestos-Cement </div> <div style="width: 20%;"> <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile </div> <div style="width: 20%;"> <input type="checkbox"/> Other (Specify below) _____ </div> </div> Blank casing diameter <u>16</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>below 36</u> in.																																									
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>26.78</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <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 style="width: 30%;"> <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 style="width: 30%;"> <input checked="" type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well </div> </div> <input type="checkbox"/> Other (specify below) _____ Direction from well? <u>west</u> How many feet? <u>approximately 50 ft.</u>																																									
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12/7/2020</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) <u>12/11/2020</u> under the business name of _____ by (signature) <u>Phillip Burckhart</u>																																									

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212

Revised 1/20/2015