

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: Reno	Fraction SW 1/4 NW 1/4 SE 1/4 NW 1/4	Section Number 15	Township Number T 22 S	Range Number 7 ☐ E ☒ 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 ☐

Global Positioning Systems (GPS) information:

Latitude: **38.13986** (in decimal degrees)

Longitude: **98.08208** (in decimal degrees)

Elevation:

Datum: ☐ WGS84, ☐ NAD83, ☒ NAD27

Collection Method:

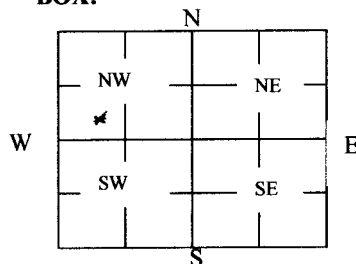
☐ GPS unit (Make/Model: **Garmin csx**)

☐ Digital Map/Photo, ☒ Topographic Map, ☐ Land Survey

Est. Accuracy: ☐ < 3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: **Smoky Hill LLC**
RR#, St. Address, Box #: **645 E. Crawford Street**
City, State ZIP Code: **Salina, Kansas 67401**

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL **25** ft.

WELL'S STATIC WATER LEVEL **8** ft

WELL WAS USED AS:

☐ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☐ Public Water Supply
☐ Oil 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 (Specify below)

Blank casing diameter **8** in. Was casing pulled? Yes ☒ No ☐ If yes, how much **25'**
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other **Sand**

Grout Plug Intervals: From **25** ft. to **8** ft., From **8** ft. to **0** 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)

Direction from well? **South**

How many feet? **8**

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	8	Benonite			
8	25	Sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **11-10-10** 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) **11-18-10** under the business name of **Rosencrantz-Bemis Ent.** by (signature) *Jessica Dolean*

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