

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

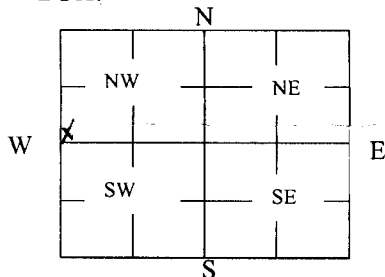
20180275

1 LOCATION OF WATER WELL: County: Stafford	Fraction ¼ SW ¼ SW ¼ NW ¼	Section Number 27	Township Number T 23 S	Range Number 12 <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 ☐ 3N, 1W of Stafford, KS

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
 Collection Method: _____
 Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: David Rewerts
 RR#, St. Address, Box #: 507 NE 60th Ave.
 City, State ZIP Code: Stafford, KS 67578

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL** 108 **ft.**WELL'S STATIC WATER LEVEL 15 **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
- ☐
- RMP (SR)
- ☐
- Wrought
- ☐
- Fiberglass
- ☐
- Other (Specify below)
-
- ☒
- PVC
- ☐
- ABS
- ☐
- Asbestos-Cement
- ☐
- Concrete Tile

 Blank casing diameter 5 **in.** Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface 3 **ft. below** in.
 6 GROUT PLUG MATERIAL:

- ☐
- Neat cement
- ☐
- Cement grout
- ☒
- Bentonite
- ☐
- Other _____

Grout Plug Intervals: From 3 **ft.** to 23 **ft.**, From _____ **ft.** to _____ **ft.**, From _____ **ft.** 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? South |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input checked="" type="checkbox"/> Oil well/Gas well | How many feet? 130 |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
108	23	gravel			
23	3	bentonite			
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) **04/05/19** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **186**. This Water Well Record was completed on (mo/day/year) **04/07/19** under the business name of **Kelly's Water Well Service, Inc.** by (signature) *Kathryn L. Good*

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.

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Revised 1/20/2015