

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

19,937

1 LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction <u>1/4</u> <u>1/4</u> NC <u>1/4</u> SW <u>1/4</u>	Section Number <u>20</u>	Township Number T <u>23</u> S	Range Number <u>14</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 type="checkbox"/> 1 1/4 North, 6 3/4 West of St John			Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____		

2 WATER WELL OWNER: ILS Farms #309 RR#, St. Address, Box #: <u>551 A SW 30 Road</u> City, State ZIP Code: <u>Great Bend, KS 67530</u>		<input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF WELL <u>156</u> ft. WELL'S STATIC WATER LEVEL <u>22</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED:

☒ Steel
☐ PVC
☐ RMP (SR)
☐ ABS
☐ Wrought
☐ Asbestos-Cement
☐ Fiberglass
☐ Concrete Tile
☐ Other (Specify below) _____

Blank casing diameter 16 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____

Casing height above or below land surface 12 in.

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

Grout Plug Intervals: From 20 ft. to 0 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 checked="" type="checkbox"/> Other (specify below) None _____ Direction from well? _____ How many feet? _____
<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	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
156	20	Chlorinated gravel			
20	0	Cement			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-13-2020 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) 2-13-2020 under the business name of Rosencrantz- Bemis Ent Inc by (signature) [Signature]

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.kanels.gov/waternwell/index.html> Telephone 785-296-5524.

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Revised 1/20/2015