

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

21370-00

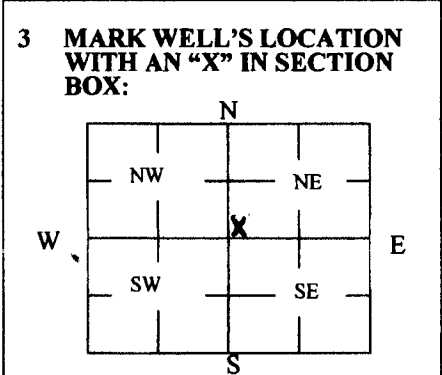
1 LOCATION OF WATER WELL: County: <u>finney</u>	Fraction <u>¼ sw ¼ sw ¼ ne ¼</u>	Section Number <u>16</u>	Township Number <u>T 23 S</u>	Range Number <u>33</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 4.5 mi. north, 2.5 mi. east of holcomb, ks.

Global Positioning Systems (GPS) information:
 Latitude: N 38.054137 (in decimal degrees)
 Longitude: W - 100.947520 (in decimal degrees)
 Elevation: 2887
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER: Robert Roth
 RR#, St. Address, Box #: 7105 n. sherlock rd.
 City, State ZIP Code: Garden city, ks. 67846

GPS unit (Make/Model: I-phone)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL 320 ft.
 WELL'S STATIC WATER LEVEL 190 ft.
 WELL WAS USED AS:

<input checked="" type="checkbox"/> Domestic Irrigation	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Industrial	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> 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 16 in. Was casing pulled? Yes No If yes, how much 54"
 Casing height above or below land surface 54 below in.

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

Grout Plug Intervals: From 4.5 ft. to 5 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? <u>se</u>
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input checked="" type="checkbox"/> Oil well/Gas well	How many feet? <u>400'</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4.5	dug down cut cut off casing/backfill			
4.5	5	cement grout			
5	190	filled with natural clay			
190	320	chlorinated/ filled with gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/15/16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 874. This Water Well Record was completed on (mo/day/year) 2/23/16 under the business name of kansas well cam 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.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.