

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

| | | | | |
|---------------------------------------------------|----------------------------------------------|-----------------------------|----------------------------------|--------------------------------------------------------------------------------------------|
| 1 LOCATION OF WATER WELL: County: Keamy | Fraction NW 1/4 N 1/4 W 1/4 NE 1/4 | Section Number 35 | Township Number 23 T S | Range Number 35 <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 ☐ Rd. AA & Rd. 200 1/2 Mile West On Rd. 200, North 200' To Well

Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)
Longitude: _____ (in decimal degrees)
Elevation: _____

Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

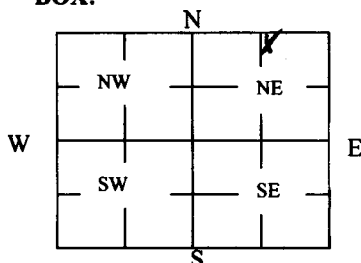
Collection Method:

☐ GPS unit (Make/Model: _____)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

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

2 WATER WELL OWNER: **Otis Molz**
RR#, St. Address, Box #: **2359 Rd. 200**
City, State ZIP Code: **Deerfield, KS 67838**

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



4 DEPTH OF WELL **321** ft.

WELL'S STATIC WATER LEVEL **136** ft

WELL WAS USED AS:

| | | |
|------------------------------------------------|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input checked="" type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <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 _____
Casing height above or below land surface **36** in.

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

Grout Plug Intervals: From **10** ft. to **3** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

| | | | |
|-------------------------------------------------|-----------------------------------------|-----------------------------------------------|------------------------------------------------|
| <input checked="" 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? East |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? 600' |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-----|-------------------------|------|----|--------------------|
| 0 | 3 | Top Soil | | | |
| 3 | 10 | Bentonite | | | |
| 10 | 136 | Sand, Gravel, Bentonite | | | |
| 136 | 321 | Washed Sand & Gravel | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **9-23-20** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **532**. This Water Well Record was completed on (mo/day/year) **9-25-20** under the business name of **Midwest Well & Pump Inc.** by (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.

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Revised 1/20/2015