

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

EB 239C

<b>1 LOCATION OF WATER WELL:</b> County: <b>Reno</b>	Fraction $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number <b>28</b>	Township Number <b>T 23 S</b>	Range Number <b>5</b> <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 ☐ Approximately 670 ft. south and

100 ft. west of the intersection of US-50 and Yoder Road

## Global Positioning Systems (GPS) information:

Latitude: **38.02667** (in decimal degrees)

Longitude: **-97.86674** (in decimal degrees)

Elevation:

Datum: ☐ WGS84, ☐ NAD83, ☒ NAD27

Collection Method:

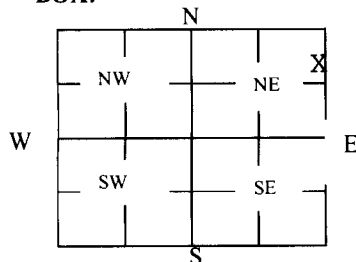
☒ GPS unit (Make/Model: **Garmin GPSmap 60CSx**)

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

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

**2 WATER WELL OWNER:** EQUUS BEDS GMD2  
RR#, St. Address, Box #: **313 SPRUCE STREET**  
City, State ZIP Code: **HALSTEAD, KS 67056**

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



## 4 DEPTH OF WELL **69** ft.

WELL'S STATIC WATER LEVEL **13.8** ft

WELL WAS USED AS:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Domestic   | <input type="checkbox"/> Public Water Supply      | <input type="checkbox"/> Dewatering            |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply   | <input checked="" 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 **2** in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_  
Casing height above or below land surface **below 60** in.

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

Grout Plug Intervals: From **69** ft. to **5** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ 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)<br>County Road _____<br>Direction from well? <b>East</b><br>How many feet? <b>Approximately 100 ft.</b> |
| <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
69	5	Bentonite, Hole Plug			
5	0	Topsoil			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) **3/8/2012** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_. This Water Well Record was completed on (mo/day/year) **3/8/2012** under the business name of **Equus Beds GMD2** by (signature) *David Randolph, GMD2*

**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