

MW-12

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. 00327156

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>Reno</u>	<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>1</u>	<u>23</u>	<u>6</u> <span style="float: right;">E(W)</span>																								
Distance and direction from nearest town or city street address of well if located within city? <u>25 E. 30th St. Hutchinson KS 67501</u>																													
2	WATER WELL OWNER: <u>Danny's OK Service</u> <u>25 E. 30th St.</u> RR #, St. Address, Box #: _____ City, State, ZIP Code: <u>Hutchinson KS 67501</u>																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  <div style="text-align: center;"> </div>			4 DEPTH OF WELL <u>20</u> ft.  WELL'S STATIC WATER LEVEL <u>14.2</u> ft.  WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div>           1 Domestic 2 Irrigation 3 Feedlot 4 Industrial         </div> <div>           5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn &amp; Garden) 8 Air Conditioning         </div> <div>           9 Dewatering <input checked="" type="checkbox"/> 10 Monitoring Well 11 Injection Well 12 Other _____         </div> </div>																										
			Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____ If yes, mo/day/yr sample was submitted _____  Water Well Disinfected: Yes _____ No <u>X</u> _____																										
5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div>           1 Steel <input checked="" type="checkbox"/> 2 PVC         </div> <div>           3 RMP (SR) 4 ABS         </div> <div>           5 Wrought 6 Asbestos-Cement         </div> <div>           7 Fiberglass 8 Concrete Tile         </div> <div>           9 Other (Specify below) _____         </div> </div>																												
Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>3'</u> Casing height above or below land surface <u>36</u> in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____ Grout Plug Intervals: From <u>3</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.  What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank 2 Sewer lines <input checked="" type="checkbox"/> 3 Watertight sewer lines 4 Lateral lines 5 Cess pool         </div> <div>           6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens         </div> <div>           11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well         </div> <div>           16 Other (specify below) _____         </div> </div>																												
Direction from well? <u>S</u> How many feet? <u>40</u>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">20'</td> <td style="text-align: center;">3'</td> <td><u>Bentonite chips</u></td> </tr> <tr> <td style="text-align: center;">3'</td> <td style="text-align: center;">0'</td> <td><u>Native material</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	20'	3'	<u>Bentonite chips</u>	3'	0'	<u>Native material</u>															
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7-21-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>8-12-09</u> This Water Well Record was completed on (mo/day/year) _____ under the business name of <u>Greenfield Contractors</u> by (signature) <u>Jim Pearson</u>																												

INSTRUCTIONS: Use typewriter or ball point 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: 785/296-5522. Send one to Water Well Owner and retain one for your records.