

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: <u>Reno</u>		Fraction <u>1/4 SW 1/4 NW 1/4 SE 1/4</u>	Section Number <u>15</u>	Township Number <u>24 S</u>	Range Number <u>10</u> ☐ E ☒ W																																																
2 WATER WELL OWNER: Sylvia Coop RR#, St. Address, Box # <u>118 N. Main, Sylvia</u> City, State ZIP Code <u>Sylvia, KS 67581</u>			Global Positioning Systems (GPS) Information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ 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 ☐ >15																																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <table style="margin: auto;"><tr><td colspan="2"></td><td colspan="2" style="text-align: center;">N</td><td colspan="2"></td></tr><tr><td colspan="2" style="text-align: center;">— NW —</td><td colspan="2"></td><td colspan="2" style="text-align: center;">— NE —</td></tr><tr><td rowspan="2" style="text-align: center; vertical-align: middle;">W</td><td colspan="2" style="border: 1px solid black; text-align: center; width: 40px; height: 40px;"> </td><td colspan="2" style="border: 1px solid black; text-align: center; width: 40px; height: 40px;"> </td><td rowspan="2" style="text-align: center; vertical-align: middle;">E</td></tr><tr><td colspan="2" style="border: 1px solid black; text-align: center;"> </td><td colspan="2" style="border: 1px solid black; text-align: center;"> </td></tr><tr><td colspan="2" style="text-align: center;">— SW —</td><td colspan="2" style="text-align: center;">X</td><td colspan="2" style="text-align: center;">— SE —</td></tr><tr><td colspan="2"></td><td colspan="2" style="text-align: center;">S</td><td colspan="2"></td></tr></table>					N				— NW —				— NE —		W					E					— SW —		X		— SE —				S				4 DEPTH OF WELL: <u>20</u> ft. WELL'S STATIC WATER LEVEL: <u>9.10</u> ft. WELL WAS USED AS: <table style="width: 100%;"><tr><td>☐ Domestic</td><td>☐ Public Water Supply</td><td>☐ Dewatering</td></tr><tr><td>☐ Irrigation</td><td>☐ Old Field Water Supply</td><td>☒ Monitoring</td></tr><tr><td>☐ Feedlot</td><td>☐ Domestic (Lawn/Garden)</td><td>☐ Injection Well</td></tr><tr><td>☐ Industrial</td><td>☐ Air Conditioning</td><td>☐ Other _____</td></tr></table> Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No			☐ Domestic	☐ Public Water Supply	☐ Dewatering	☐ Irrigation	☐ Old Field Water Supply	☒ Monitoring	☐ Feedlot	☐ Domestic (Lawn/Garden)	☐ Injection Well	☐ Industrial	☐ Air Conditioning	☐ Other _____		
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5 TYPE OF BLANK CASING USED: <table style="width: 100%;"><tr><td>☐ Steel</td><td>☐ RMP (SR)</td><td>☐ Wrought</td><td>☐ Fiberglass</td><td>☐ Other: _____</td></tr><tr><td>☒ PVC</td><td>☐ ABS</td><td>☐ Asbestos/Cement</td><td>☐ Concrete Tile</td><td>_____</td></tr></table> Blank casing diameter: <u>2</u> in. Was casing pulled? ☒ Yes ☐ No If Yes, how much <u>3'</u> Casing height above or below land surface: _____ in.						☐ Steel	☐ RMP (SR)	☐ Wrought	☐ Fiberglass	☐ Other: _____	☒ PVC	☐ ABS	☐ Asbestos/Cement	☐ Concrete Tile	_____																																						
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6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ 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: <table style="width: 100%;"><tr><td>☐ Septic tank</td><td>☐ Seepage pit</td><td>☐ Fuel storage</td><td rowspan="5">☐ Other (specify below): _____ Direction from well: _____ How many feet: _____</td></tr><tr><td>☐ Sewer lines</td><td>☐ Pit privy</td><td>☐ Fertilizer storage</td></tr><tr><td>☐ Watertight sewer lines</td><td>☐ Sewage lagoon</td><td>☐ Insecticide storage</td></tr><tr><td>☐ Lateral lines</td><td>☐ Feedyard</td><td>☐ Abandoned water well</td></tr><tr><td>☐ Cess pool</td><td>☐ Livestock pens</td><td>☐ Oil well/Gas well</td></tr></table>						☐ Septic tank	☐ Seepage pit	☐ Fuel storage	☐ Other (specify below): _____ Direction from well: _____ How many feet: _____	☐ Sewer lines	☐ Pit privy	☐ Fertilizer storage	☐ Watertight sewer lines	☐ Sewage lagoon	☐ Insecticide storage	☐ Lateral lines	☐ Feedyard	☐ Abandoned water well	☐ Cess pool	☐ Livestock pens	☐ Oil well/Gas well																																
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2/12/2015</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> . This Water Well Record was completed on (mo/day/year) <u>2/13/2015</u> under the business name of <u>GeoCore Inc.</u> by (signature) <u><i>Dale Hall</i></u>																																																					
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy 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 .																																																					