

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.  

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Reno</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fraction<br><u>1/4 NW 1/4 SW 1/4 SE 1/4</u> | Section Number<br><u>15</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Township Number<br><u>24 S</u> | Range Number<br><u>10</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W |                   |    |                   |      |    |                   |   |   |                  |  |  |  |   |    |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WATER WELL OWNER:</b> Sylvia Coop<br>RR#, St. Address, Box # <u>118 N. Main, Sylvia</u><br>City, State ZIP Code <u>Sylvia, KS 67581</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | <b>Global Positioning Systems (GPS) Information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Datum: <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27<br>Collection Method:<br><input type="checkbox"/> GPS unit Make/Model: _____<br><input type="checkbox"/> Digital Map/Photo <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> <3 m <input type="checkbox"/> 3-5 m <input type="checkbox"/> 5-15 <input type="checkbox"/> >15 |                                |                                                                                            |                   |    |                   |      |    |                   |   |   |                  |  |  |  |   |    |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>4 DEPTH OF WELL:</b> <u>20</u> ft.<br>WELL'S STATIC WATER LEVEL: <u>10.27</u> ft.<br>WELL WAS USED AS:<br><div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Domestic</div><div style="width: 33%;"><input type="checkbox"/> Public Water Supply</div><div style="width: 33%;"><input type="checkbox"/> Dewatering</div><div style="width: 33%;"><input type="checkbox"/> Irrigation</div><div style="width: 33%;"><input type="checkbox"/> Old Field Water Supply</div><div style="width: 33%;"><input checked="" type="checkbox"/> Monitoring</div><div style="width: 33%;"><input type="checkbox"/> Feedlot</div><div style="width: 33%;"><input type="checkbox"/> Domestic (Lawn/Garden)</div><div style="width: 33%;"><input type="checkbox"/> Injection Well</div><div style="width: 33%;"><input type="checkbox"/> Industrial</div><div style="width: 33%;"><input type="checkbox"/> Air Conditioning</div><div style="width: 33%;"><input type="checkbox"/> Other _____</div></div><br>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |                   |    |                   |      |    |                   |   |   |                  |  |  |  |   |    |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF BLANK CASING USED:</b><br><div style="display: flex; flex-wrap: wrap;"><div style="width: 20%;"><input type="checkbox"/> Steel</div><div style="width: 20%;"><input type="checkbox"/> RMP (SR)</div><div style="width: 20%;"><input type="checkbox"/> Wrought</div><div style="width: 20%;"><input type="checkbox"/> Fiberglass</div><div style="width: 20%;"><input type="checkbox"/> Other: _____</div><div style="width: 20%;"><input checked="" type="checkbox"/> PVC</div><div style="width: 20%;"><input type="checkbox"/> ABS</div><div style="width: 20%;"><input type="checkbox"/> Asbestos/Cement</div><div style="width: 20%;"><input type="checkbox"/> Concrete Tile</div></div><br>Blank casing diameter: <u>2</u> in. Was casing pulled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much <u>3'</u><br>Casing height above or below land surface: _____ in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |                   |    |                   |      |    |                   |   |   |                  |  |  |  |   |    |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other: _____<br>Grout Plug Intervals: From <u>3</u> ft. To <u>20</u> ft. From _____ ft. To _____ ft. From _____ ft. To _____ ft.<br>What is the nearest source of possible contamination:<br><div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Septic tank</div><div style="width: 33%;"><input type="checkbox"/> Seepage pit</div><div style="width: 33%;"><input type="checkbox"/> Fuel storage</div><div style="width: 33%;"><input type="checkbox"/> Other (specify below): _____</div><div style="width: 33%;"><input type="checkbox"/> Sewer lines</div><div style="width: 33%;"><input type="checkbox"/> Pit privy</div><div style="width: 33%;"><input type="checkbox"/> Fertilizer storage</div><div style="width: 33%;"><input type="checkbox"/> Watertight sewer lines</div><div style="width: 33%;"><input type="checkbox"/> Sewage lagoon</div><div style="width: 33%;"><input type="checkbox"/> Insecticide storage</div><div style="width: 33%;"><input type="checkbox"/> Lateral lines</div><div style="width: 33%;"><input type="checkbox"/> Feedyard</div><div style="width: 33%;"><input type="checkbox"/> Abandoned water well</div><div style="width: 33%;"><input type="checkbox"/> Cess pool</div><div style="width: 33%;"><input type="checkbox"/> Livestock pens</div><div style="width: 33%;"><input type="checkbox"/> Oil well/Gas well</div></div><br>Direction from well: _____<br>How many feet: _____ |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |                   |    |                   |      |    |                   |   |   |                  |  |  |  |   |    |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIAL</th><th>FROM</th><th>TO</th><th>PLUGGING MATERIAL</th></tr></thead><tbody><tr><td>0</td><td>3</td><td>Native soil (8")</td><td></td><td></td><td></td></tr><tr><td>3</td><td>20</td><td>Bentonite (2")</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>MW33</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            | FROM              | TO | PLUGGING MATERIAL | FROM | TO | PLUGGING MATERIAL | 0 | 3 | Native soil (8") |  |  |  | 3 | 20 | Bentonite (2") |  |  |  |  |  |  |  |  | MW33 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO                                          | PLUGGING MATERIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FROM                           | TO                                                                                         | PLUGGING MATERIAL |    |                   |      |    |                   |   |   |                  |  |  |  |   |    |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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>Dale Hall</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |                   |    |                   |      |    |                   |   |   |                  |  |  |  |   |    |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                            |                   |    |                   |      |    |                   |   |   |                  |  |  |  |   |    |                |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |