

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

"East Shallow Well"

<b>1 LOCATION OF WATER WELL:</b> County: <b>Stafford</b>	Fraction <b>SW 1/4 SE 1/4 NW 1/4 SW 1/4</b>	Section Number <b>2</b>	Township Number <b>T 24 S</b>	Range Number <b>13</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 ☐ From NE 10th Ave. & NE 20th St., N on 10th 1,150 ft to landfill entrance, then E 800 ft.

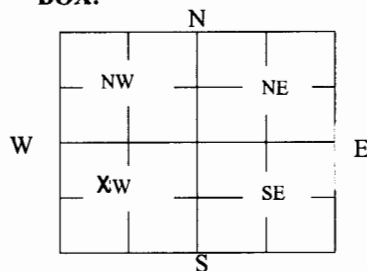
## Global Positioning Systems (GPS) information:

Latitude: \_\_\_\_\_ (in decimal degrees)  
 Longitude: \_\_\_\_\_ (in decimal degrees)  
 Elevation: \_\_\_\_\_  
 Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27  
 Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:**

RR#, St. Address, Box #: **Stafford Co. Solid Waste Dept.**  
 City, State ZIP Code: **209 N. Broadway, St. John 67576**

☐ GPS unit (Make/Model: \_\_\_\_\_)  
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  
 Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:****4 DEPTH OF WELL** 24.07 **ft.**WELL'S STATIC WATER LEVEL DRY **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 4 in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_  
 Casing height above or below land surface \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:**

☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_

Grout Plug Intervals: From 0 ft. to 24.07 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. 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)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	<u>Landfill</u>
<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? <u>West</u>
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? <u>0</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	24.07	Bentonite chips			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/29/2016 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416. This Water Well Record was completed on (mo/day/year) 10/17/2016 under the business name of Terracon Consultants, Inc. by (signature) Michael W. Montgomerie

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