

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

Old Well #10

<b>1 LOCATION OF WATER WELL:</b> County: <u>Harvey</u>	Fraction <u>1/4 NE 1/4 NE 1/4 NW 1/4</u>	Section Number <u>8</u>	Township Number <u>T 24 S</u>	Range Number <u>2</u> <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 2 1/2 miles west and 1 mile south of Halstead

## Global Positioning Systems (GPS) information:

Latitude: 37.984657 (in decimal degrees)

Longitude: -97.565432 (in decimal degrees)

Elevation: Unknown

Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27

## Collection Method:

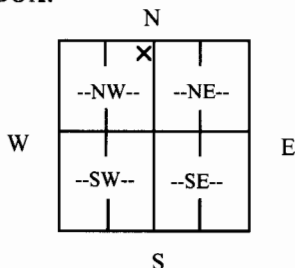
☒ GPS unit (Make/Model: WAAS)

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

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

**2 WATER WELL OWNER:** City of Wichita  
12th Floor - City Building  
RR#, St. Address, Box #: 455 N. Main  
City, State ZIP Code: Wichita, KS 67202

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



## 4 DEPTH OF WELL 230 ft.

WELL'S STATIC WATER LEVEL 31.70 ft

## WELL WAS USED AS:

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Domestic   | <input checked="" type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering     |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply         | <input 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:

- |   |                                   |  |  |  |
|---|-----------------------------------|--|--|--|
| <input checked="" type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought         | <input type="checkbox"/> Fiberglass    | <input type="checkbox"/> Other (Specify below) _____ |
| <input type="checkbox"/> PVC              | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile |  |

Blank casing diameter 18 in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_

Casing height above or below land surface. 48 in.

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

Grout Plug Intervals: From 32 ft. to 4 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) _____ |
| <input type="checkbox"/> Sewer lines            | <input type="checkbox"/> Pit privy      | <input type="checkbox"/> Fertilizer storage   | <u>None known</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? _____                                      |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? _____  |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
230	32	Chlorinated Sand			
32	4	Concrete Grout			
4	0	Compacted Soil			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 05/28/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185. This Water Well Record was completed on (mo/day/year) 06/05/09 under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature]

**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