

WATER WELL RECORD (WWC-5)

Plugged

KOLAR DOC ID 1643249 WELL ID

LOCATION OF WATER WELL

Latitude	37.964439	Longitude	-100.431028	Section	18	Township	24	Range	28	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Fraction	NW ¼ NE ¼ SE ¼
Datum	WGS84	Elevation	2758	County	Gray							

WATER WELL OWNER

Name	
Business	Midwest Feeders
Address	5013 13 Rd Ingalls KS 67853
Well location	
<input type="checkbox"/> at owner's address	

WELL WATER USE

Domestic Livestock/Pasture

WELL INFORMATION

Depth of well: 208 ft.

☐ Dry well

Static water level in well: 110 ft.

☒ measured below land surface
on (mm/dd/yy): 04/18/2022☐ measured above land surface
on (mm/dd/yy):**PERMIT & ID NUMBERS (AS REQUIRED)**

DWR Application No.: _____

KDHE / EPA Project Code: _____

Site Name: _____

KDHE UIC Class V Form Completed: ☐ Yes ☐ NoCounty Permit: ☐ Yes ☐ No Permit ID: _____

Lease Name & Well #: _____

of boreholes: _____ # of dewatering wells: _____

CASING

Type of blank casing used: GalvanizedSteel

Casing type details: _____

Blank casing diameter: 16 inches

Was casing removed? ☒ Yes ☐ No

Top of casing is currently 8 feet

☒ Below ground

Reason required if top of casing is now less than 5 feet below ground surface for a hand dug well or less than 3 feet below ground surface for all other types of wells.

GROUT & PLUGGING MATERIALS

Grout or Plugging interval (ft.)		Material	Description
From	To		
0	8	other	top soil
8	40	bentonite	
40	100	other	clean fill sand
100	110	bentonite	
110	208	other	clean fill sand

COMMENTS

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CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was plugged pursuant to the stated water well contractor's license and was completed on 04/18/2022. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of Nash Water Well Service, LLC, Kansas Water Well Contractor's License No. 846 under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal Trevor Nash.

Send one copy to WATER WELL OWNER and retain one for your records.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367
(785) 296-3565 | K.S.A. 82a-1212 | v2022c