

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

26558

1 LOCATION OF WATER WELL: County: <u>Harvey</u> Street/Rural Address of Well Location: if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Approximately 1.5 miles east and 1.75 miles south of Patterson, KS	Fraction <u>1/4 NW 1/4 SW 1/4 SW 1/4</u> Section Number <u>35</u> Township Number <u>T 24 S</u> Range Number <u>3</u> ☐ E ☒ W	Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal 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 m, ☐ > 15 m
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2 WATER WELL OWNER: James M & Carlin J Parker RR#, St. Address, Box #: <u>13755 85th St</u> City, State ZIP Code: <u>Fellsmere, FL 32948</u>	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>50</u> ft. WELL'S STATIC WATER LEVEL <u>9</u> ft WELL WAS USED AS: ☐ Domestic ☒ Irrigation ☐ Feedlot ☐ Industrial ☐ Public Water Supply ☐ Oil Field Water Supply ☐ Domestic (Lawn & Garden) ☐ Air Conditioning ☐ Dewatering ☐ Monitoring ☐ Injection Well ☐ Other _____ Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☐
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5 TYPE OF BLANK CASING USED:

☐ Steel
☒ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile

☐ Other (Specify below) _____

 Blank casing diameter 6 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface below 36 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____
 Grout Plug Intervals: From 7 ft. to 3 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:

☐ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☐ Fuel storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well

☒ Other (specify below) none within 1/4 mile
 Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
50	7	Clean, coarse sand			
7	3	Cement grout			
3	0	Topsoil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/14/1998 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 9/28/2015 under the business name of _____ by (signature) Duane E. Regal

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 _____ Telephone 785-296-5524.

KSA82a-1212

RECEIVED
 OCT 01 2015
 Revised 10/2015

Equus Beds Groundwater
 Management District No. 2