

# WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. **Never Tagged**

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number									
County: <b>Finney</b>		<b>SW 1/4 SW 1/4 NE 1/4</b>	<b>22</b>	<b>24</b>	<b>32 W</b>									
Distance and direction from nearest town or city street address of well if located within city? <b>755 S. Farmland Road, Garden City</b>														
2 WATER WELL OWNER:		National By-Products												
RR#, St. Address, Box #		755 S. Farmland Road												
City, State, ZIP Code :		Garden City, KS 67557												
		Board of Agriculture, Division of Water Resources												
		Application Number:												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <b>42</b> ft.												
<div style="text-align: center;">N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td>X</td><td>NE</td></tr><tr><td>SW</td><td></td><td>SE</td></tr></table> S</div>					NW	X	NE	SW		SE	WELL'S STATIC WATER LEVEL <b>27</b> ft.			
		NW	X	NE										
		SW		SE										
WELL WAS USED AS:														
<div style="display: flex; justify-content: space-between;"><div>1 Domestic 2 Irrigation 3 Feedlot 4 Industrial</div><div>5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning</div><div>9 Dewatering <b>10 Monitoring Well</b> 11 Injection Well 12 Other</div></div>														
		Was a chemical/bacteriological sample submitted to Department? Yes ___ No <b>X</b>												
		If yes, mo/day/yr sample was submitted _____												
		Water Well Disinfected: Yes ___ No <b>X</b>												
5 TYPE OF BLANK CASING USED:														
1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below)														
<b>2 PVC</b> 4 ABC      6 Asbestos-Cement      8 Concrete Tile														
Blank casing diameter <b>2</b> in. Was casing pulled? Yes ___ No <b>X</b> If yes, how much _____														
Casing height above or below land surface <b>36</b> in.														
6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout <b>3 Bentonite</b> 4 Other <b>Concrete</b>														
Grout Plug Intervals From <b>0</b> ft. to <b>0.33</b> ft. From <b>0.33</b> ft. to <b>42</b> ft. From _____ ft. to _____ ft.														
What is the nearest source of possible contamination:														
<div style="display: flex; justify-content: space-between;"><div>1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool</div><div>6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens</div><div>11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well</div><div>16 Other (specify below) _____</div></div>														
Direction from well? _____ How many feet? _____														
FROM	TO	CODE	PLUGGING MATERIALS											
0	0.33		Concrete											
0.33	42		Bentonite 100 lbs											
			<b>Note:</b> Could not overdrill well. The well was located on an elevated pad that the drill rig could not back into to overdrill. Well was plugged in place. Don Taylor was notified before plugging took place.											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>2-8-05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>3-4-05</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) <i>Allen M. Smith</i>														
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.														