

# WATER WELL PLUGGING RECORD Form WWC-5P

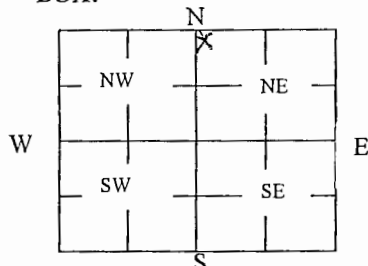
KSA 82a-1212

ID NO.

36956

1 LOCATION OF WATER WELL: County: FINNEY	Fraction ¼ NW ¼ NW ¼ NE ¼	Section Number 26	Township Number T 24 S	Range Number 32 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> From the intersection of Farmland Road & Mansfield Road; approx. 1/3 mile East & 1/4 mile North		Global Positioning Systems (GPS) information: Latitude: 37.94552 N (in decimal degrees) Longitude: -100.80160 W (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin eTrex 10) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m		
2 WATER WELL OWNER: City of Garden City RR#, St. Address, Box #: P.O. Box 499 City, State ZIP Code: Garden City Ks., 67846				

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



## 4 DEPTH OF WELL 232' ft.

WELL'S STATIC WATER LEVEL 55' 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 type="checkbox"/> Monitoring     |
| <input type="checkbox"/> Feedlot               | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input checked="" 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 16" in. Was casing pulled? Yes ☒ No ☐ If yes, how much 60"  
 Casing height above or below land surface Below 60" in.

## 6 GROUT PLUG MATERIAL:

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

Grout Plug Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ 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   | None Observed   |
| <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
232'	11'	Chlorinated Road Sand	11'	6'	3,000 PSI CONCRETE

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-30-2019 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 4-3-2019 under the business name of Hydro Resources Mid Continent by (signature) Gary Clepper.

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