

# WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

23,640

1 LOCATION OF WATER WELL: County: <b>Finney</b>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$	Section Number <b>24</b>	Township Number T <b>24</b> S	Range Number <b>34</b> <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 ☐ **South side of Holcomb-- across bridge, 2 miles south, 3,960' N & 3,965' W.**

## Global Positioning Systems (GPS) information:

Latitude: \_\_\_\_\_ (in decimal degrees)

Longitude: \_\_\_\_\_ (in decimal degrees)

Elevation: \_\_\_\_\_

Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

## Collection Method:

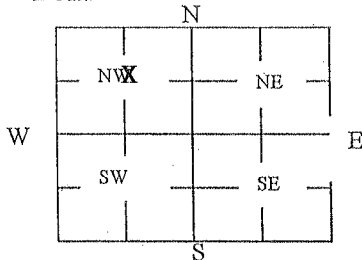
☐ GPS unit (Make/Model: \_\_\_\_\_)

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

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

2 WATER WELL OWNER:  
RR#, St. Address, Box #: **Eugene L. Gross  
Connie J. Gross  
15 S. Holcomb Lane  
Holcomb, KS 67851**  
City, State ZIP Code:

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



## 4 DEPTH OF WELL 381 ft.

WELL'S STATIC WATER LEVEL 205 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 ☒

## 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 3 Ft.  
Casing height above or below land surface 36 in. **Below**

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

Grout Plug Intervals: From 3 ft. to 205 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 type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Sewer lines            | <input type="checkbox"/> Pit privy      | <input type="checkbox"/> Fertilizer storage   | <u>N/A</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
0'	3'	Top soil			
3'	205'	Cement grout			
205'	381'	Chlorinated gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-25-11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 208. This Water Well Record was completed on (mo/day/year) 8-26-11 under the business name of Minter-Wilson Drilling Co., Inc. by (signature) Nora Keller

**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