

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

A 1301 00

1 LOCATION OF WATER WELL: County: FINNEY	Fraction ¼ SE ¼ NW ¼ NE ¼	Section Number 3	Township Number T 24 S	Range Number 34 <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 ☐ NW CORNER OF HOLCOMB, 1 M. N.,

2 M. W. TO NE CORNER OF SECTION

Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

Elevation: _____

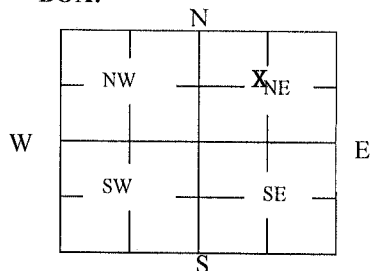
Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method: _____

☐ GPS unit (Make/Model: _____)☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: NORTHERN NATURAL GAS
RR#, St. Address, Box #: 9480 W. HWY. 50
City, State ZIP Code: HOLCOMB, KS 67851

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

4 DEPTH OF WELL 237 ft.WELL'S STATIC WATER LEVEL 126 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 _____
 Casing height above or below land surface 60 in. **BELOW**

6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____Grout Plug Intervals: From 5 ft. to 126 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	N/A
<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
5'	126'	CEMENT GROUT			
126'	237'	CHLORINATED GRAVEL			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-14-12 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) 12-17-12 under the business name of MINTER-WILSON DRILLING CO., INC. by (signature) Mara 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