

CORRECTED

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-12121305629

1

1 LOCATION OF WATER WELL: County: Hamilton	Fraction SW ¼ SW ¼ SE ¼ SE ¼	Section Number 33	Township Number 24 T S	Range Number 39 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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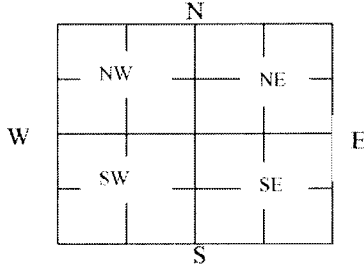
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here From interstion of RD Y & Riverroad go 1.1 mile west turn south 1.2 mile

Global Positioning Systems (GPS) information:

Latitude: **37.91476** (in decimal degrees)
 Longitude: **101.60063** (in decimal degrees)
 Elevation: **3181**
 Datum: WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER: Margene Shorter
 RR#, St. Address, Box #: **4711 N HY 25**
 City, State ZIP Code: **Ulysses Ks 67880**

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

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL 48 ft.**WELL'S STATIC WATER LEVEL **44** ft

WELL WAS USED AS:

- | | | |
|--|---|---|
| <input checked="" 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 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 **5** in. Was casing pulled? Yes No If yes, how much **5ft**
 Casing height above or below land surface **48** in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____Grout Plug Intervals: From **0** ft. to **11** ft., From _____ ft. to _____ ft., From _____ ft. 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 | |
| <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? west |
| <input type="checkbox"/> Cess pool | <input checked="" type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? 50ft |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4	TOP SOIL			
4	40	SHALE PLUG			
40	48	CLORINATED SAND			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **4/23/2016** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **888**. This Water Well Record was completed on (mo/day/year) **5/2/2016** under the business name of **Steve Drilling** by (signature) _____

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 <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212

Revised 1/29/2014