

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: <u>HAMILTON</u> Distance and direction from nearest town or city street address of well if located within city? <u>5 MILES S of COOLIDGE 3/4 MILES E OF CR RD B</u>	Fraction <u>SW 1/4 NE 1/4 SE 1/4</u>	Section Number <u>11</u>	Township Number <u>24</u>	Range Number <u>43</u> E/W
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<b>2 WATER WELL OWNER:</b> <u>LOW FARMS LLC</u>  RR#, St. Address, Box #: <u>1751 SW CR RD B</u> City, State ZIP Code: <u>COOLIDGE KS 67836</u>	<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>  <div style="text-align: center;"> </div>	<b>4 DEPTH OF WELL</b> <u>30</u> ft.  WELL'S STATIC WATER LEVEL <u>P</u> ft.  WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> 1 Domestic  <input type="radio"/> 2 Irrigation  <input type="radio"/> 3 Feedlot  <input type="radio"/> 4 Industrial         </div> <div> <input type="radio"/> 5 Public Water Supply  <input type="radio"/> 6 Oil Field Water Supply  <input type="radio"/> 7 Domestic (Lawn &amp; Garden)  <input type="radio"/> 8 Air Conditioning         </div> <div> <input type="radio"/> 9 Dewatering  <input type="radio"/> 10 Monitoring  <input type="radio"/> 11 Injection Well  <input type="radio"/> 12 Other _____         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>
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<b>5 TYPE OF BLANK CASING USED:</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> 1 Steel  <input type="radio"/> 2 PVC         </div> <div> <input type="radio"/> 3 RMP (SR)  <input type="radio"/> 4 ABS         </div> <div> <input type="radio"/> 5 Wrought  <input type="radio"/> 6 Asbestos-Cement         </div> <div> <input type="radio"/> 7 Fiberglass  <input type="radio"/> 8 Concrete Tile         </div> <div> <input type="radio"/> 9 Other (Specify below) _____         </div> </div> Blank casing diameter <u>6</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface _____ in.
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<b>6 GROUT PLUG MATERIAL:</b>	<input type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 4 Other _____	
Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft.		
What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 1 Septic tank  <input type="radio"/> 2 Sewer lines  <input type="radio"/> 3 Watertight sewer lines  <input type="radio"/> 4 Lateral lines  <input type="radio"/> 5 Cess pool         </div> <div> <input type="radio"/> 6 Seepage pit  <input type="radio"/> 7 Pit privy  <input type="radio"/> 8 Sewage lagoon  <input type="radio"/> 9 Feedyard  <input type="radio"/> 10 Livestock pens         </div> <div> <input type="radio"/> 11 Fuel Storage  <input type="radio"/> 12 Fertilizer storage  <input type="radio"/> 13 Insecticide storage  <input type="radio"/> 14 Abandoned water well  <input type="radio"/> 15 Oil well/Gas well         </div> <div> <input type="radio"/> 16 Other (specify below) _____          Direction from well? _____          How many feet? _____         </div> </div>		

  

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
		WELL WAS COLLAPSED			
		30' BELOW SURFACE			
0	3	TOP SOIL			
3	6	BENTONITE			
6	30	CHALK ROCK			

  

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4/20/12</u> . This Water Well Record was completed on (mo/day/year) _____ under the business name of _____	by (signature) <u>Mark Schuch</u>
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**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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.