

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

48360 - south well

1 LOCATION OF WATER WELL: County: Sedgwick Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ Section Number 02 Township Number T 25 S Range Number 1 ☐ E ☒ W Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Located approximately 0.5 miles east and 0.75 miles south of Sedgwick, KS	Global Positioning Systems (GPS) information: Latitude: 37.89976 (in decimal degrees) Longitude: -97.40835 (in decimal degrees) Elevation: _____ Horizontal Datum: ☐ WGS84, ☐ NAD83, ☒ NAD27 Collection Method: _____ ☒ GPS unit (Make/Model: Garmin GPSmap 60CSx) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ < 3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ > 15 m																																																
2 WATER WELL OWNER: Barbara Anne Works Liv Trust RR#, St. Address, Box #: 12158 N Hoover Rd City, State ZIP Code: Sedgwick, KS 67135																																																	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL 57.3 ft. WELL'S STATIC WATER LEVEL 16.92 ft WELL WAS USED AS: ☒ Domestic Irrigation ☐ Public Water Supply ☐ Oil Field Water Supply ☐ Feedlot ☐ Domestic (Lawn & Garden) ☐ Industrial ☐ 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 8 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____ Casing height above or below land surface below 36 in.																																																	
6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____ Grout Plug Intervals: From 16.92 ft. to 3 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Seepage pit ☒ Fuel storage ☒ Other (specify below) _____ ☐ Sewer lines ☐ Pit privy ☐ Fertilizer storage _____ ☐ Watertight sewer lines ☐ Sewage lagoon ☐ Insecticide storage _____ ☐ Lateral lines ☐ Feedyard ☐ Abandoned water well Direction from well? southwest ☐ Cess pool ☐ Livestock pens ☐ Oil well/Gas well How many feet? approximately 1095 feet																																																	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/12/2016 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 12/20/2016 under the business name of _____ by (signature) <i>Barbara Anne Works</i>																																																	

Send one 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.

JAN 05 2017

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Revised 1/20/2015