

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

22900

|                                                                                                                                                                                                                                                                                            |                                                                        |                   |                        |                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------|------------------------|---------------------------------------------------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Sedgwick<br>Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Approximately 1 mile east and 2.5 miles south of Bentley, KS | Fraction $\frac{1}{4}$ $\frac{1}{4}$ NC $\frac{1}{4}$ WS $\frac{1}{4}$ | Section Number 25 | Township Number T 25 S | Range Number 2 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
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| <b>2 WATER WELL OWNER:</b> Hohman Land Co.<br>RR#, St. Address, Box #: 1725 Krameria St.<br>City, State ZIP Code: Denver, CO 80220 | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: 37.84689 (in decimal degrees)<br>Longitude: 97.49561 (in decimal degrees)<br>Elevation: _____<br>Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" type="checkbox"/> NAD27<br>Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin GPSmap 60CSx)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
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| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div> | <b>4 DEPTH OF WELL</b> 35 ft.<br>WELL'S STATIC WATER LEVEL 11 ft.<br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic<br/> <input checked="" type="checkbox"/> Irrigation<br/> <input type="checkbox"/> Feedlot<br/> <input type="checkbox"/> Industrial         </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply<br/> <input type="checkbox"/> Oil Field Water Supply<br/> <input type="checkbox"/> Domestic (Lawn &amp; Garden)<br/> <input type="checkbox"/> Air Conditioning         </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering<br/> <input type="checkbox"/> Monitoring<br/> <input type="checkbox"/> Injection Well<br/> <input type="checkbox"/> Other _____         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
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**5 TYPE OF BLANK CASING USED:**  
☒ Steel ☐ PVC ☐ RMP (SR) ☐ ABS ☐ Wrought ☐ Asbestos-Cement ☐ Fiberglass ☐ Concrete Tile ☐ Other (Specify below) \_\_\_\_\_  
 Blank casing diameter 10 in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_  
 Casing height above or below land surface below 60 in.
 

**6 GROUT PLUG MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_  
 Grout Plug Intervals: From 15 ft. to 5 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 checked="" 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    |                                                      |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well       |                                                      |

Direction from well? West  
 How many feet? Approximately 1370 ft.

| FROM | TO  | PLUGGING MATERIALS  | FROM | TO | PLUGGING MATERIALS          |
|------|-----|---------------------|------|----|-----------------------------|
| 35'  | 15' | Clean, coarse sand  |      |    | Well plugging witnessed by  |
| 15'  | 5'  | Bentonite hole plug |      |    | D. Randolph, GMD2 staff, on |
| 5'   | 0   | Topsoil             |      |    | 3-30-12                     |
|      |     |                     |      |    | RECEIVED                    |
|      |     |                     |      |    | JUN 10 2012                 |
|      |     |                     |      |    | BUREAU OF WATER             |
|      |     |                     |      |    | JUN 11 2012                 |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-30-12 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) 4-16-12 under the business name of Hohman Land by (signature) Debra A. Wilbur, manager

**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