

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: <u>Finney</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Approx. 12 miles SW of Holcomb, KS	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number <u>34</u>	Township Number <u>T 25 S</u>	Range Number <u>34</u> ☐ E ☒ W																																																	
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 Survey Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m																																																					
2 WATER WELL OWNER: <u>Wheatland Water Treatment</u> RR#, St. Address, Box #: <u>P.O. Box 1078</u> City, State ZIP Code: <u>Garden City, KS 67846</u>																																																					
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> S W E	NW	NE	SW	SE	4 DEPTH OF WELL <u>310</u> ft. WELL'S STATIC WATER LEVEL <u>230</u> ft WELL WAS USED AS: <table style="width:100%;"> <tr> <td>☐ Domestic</td> <td>☒ Public Water Supply</td> <td>☐ Dewatering</td> </tr> <tr> <td>☐ Irrigation</td> <td>☐ Oil Field Water Supply</td> <td>☐ Monitoring</td> </tr> <tr> <td>☐ Feedlot</td> <td>☐ Domestic (Lawn & Garden)</td> <td>☐ Injection Well</td> </tr> <tr> <td>☐ Industrial</td> <td>☐ Air Conditioning</td> <td>☐ Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☐				☐ Domestic	☒ Public Water Supply	☐ Dewatering	☐ Irrigation	☐ Oil Field Water Supply	☐ Monitoring	☐ Feedlot	☐ Domestic (Lawn & Garden)	☐ Injection Well	☐ Industrial	☐ Air Conditioning	☐ Other _____																																	
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5 TYPE OF BLANK CASING USED: ☒ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) _____ ☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile _____ Blank casing diameter <u>16</u> in. Was casing pulled? Yes ☒ No ☐ If yes, how much <u>10 Feet</u> Casing height above or below land surface <u>120" Below</u> in.																																																					
6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____ Grout Plug Intervals: From <u>20</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>☐ Septic tank</td> <td>☐ Seepage pit</td> <td>☐ Fuel Storage</td> <td rowspan="5">☐ Other (specify below) _____</td> </tr> <tr> <td>☐ Sewer lines</td> <td>☐ Pit privy</td> <td>☐ Fertilizer storage</td> </tr> <tr> <td>☐ Watertight sewer lines</td> <td>☐ Sewage lagoon</td> <td>☐ Insecticide storage</td> </tr> <tr> <td>☐ Lateral lines</td> <td>☐ Feedyard</td> <td>☐ Abandoned water well</td> </tr> <tr> <td>☐ Cess pool</td> <td>☐ Livestock pens</td> <td>☐ Oil well/Gas well</td> </tr> </table> Direction from well? _____ How many feet? _____					☐ 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	☐ Cess pool	☐ Livestock pens	☐ Oil well/Gas well																																	
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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) <u>11/29/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>145</u> . This Water Well Record was completed on (mo/day/year) <u>12/13/10</u> under the business name of <u>Hydro Resources</u> by (signature) <u>[Signature]</u>																																																					
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