

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

16,035

1 LOCATION OF WATER WELL: County: Finney	Fraction 1/4 1/4 1/4 SW 1/4	Section Number 36	Township Number T 25 S	Range Number 34 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																										
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"/> Approx. 10.5 miles South of Holcomb, KS		Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																												
2 WATER WELL OWNER: Wheatland Water Treatment RR#, St. Address, Box #: P.O. Box 1078 City, State ZIP Code: Garden City, KS		3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N W NW NE E SW SE S</div>																																												
4 DEPTH OF WELL 470 ft. WELL'S STATIC WATER LEVEL 162 ft. WELL WAS USED AS: <table style="width:100%;"><tr><td><input type="checkbox"/> Domestic</td><td><input checked="" type="checkbox"/> Public Water Supply</td><td><input type="checkbox"/> Dewatering</td></tr><tr><td><input type="checkbox"/> Irrigation</td><td><input type="checkbox"/> Oil Field Water Supply</td><td><input type="checkbox"/> Monitoring</td></tr><tr><td><input type="checkbox"/> Feedlot</td><td><input type="checkbox"/> Domestic (Lawn & Garden)</td><td><input type="checkbox"/> Injection Well</td></tr><tr><td><input type="checkbox"/> Industrial</td><td><input type="checkbox"/> Air Conditioning</td><td><input type="checkbox"/> Other _____</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/> Domestic	<input checked="" 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 _____																																	
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td><input checked="" type="checkbox"/> Steel</td><td><input type="checkbox"/> RMP (SR)</td><td><input type="checkbox"/> Wrought</td><td><input type="checkbox"/> Fiberglass</td><td><input type="checkbox"/> Other (Specify below) _____</td></tr><tr><td><input type="checkbox"/> PVC</td><td><input type="checkbox"/> ABS</td><td><input type="checkbox"/> Asbestos-Cement</td><td><input type="checkbox"/> Concrete Tile</td><td></td></tr></table> Blank casing diameter 16 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 10 Feet Casing height above or below land surface 120" Below in.					<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specify below) _____	<input type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile																																	
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6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From 10 ft. to 20 ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td><input type="checkbox"/> Septic tank</td><td><input type="checkbox"/> Seepage pit</td><td><input type="checkbox"/> Fuel Storage</td><td rowspan="5"><input type="checkbox"/> Other (specify below) _____ Direction from well? _____ How many feet? _____</td></tr><tr><td><input type="checkbox"/> Sewer lines</td><td><input type="checkbox"/> Pit privy</td><td><input type="checkbox"/> Fertilizer storage</td></tr><tr><td><input type="checkbox"/> Watertight sewer lines</td><td><input type="checkbox"/> Sewage lagoon</td><td><input type="checkbox"/> Insecticide storage</td></tr><tr><td><input type="checkbox"/> Lateral lines</td><td><input type="checkbox"/> Feedyard</td><td><input type="checkbox"/> Abandoned water well</td></tr><tr><td><input type="checkbox"/> Cess pool</td><td><input type="checkbox"/> Livestock pens</td><td><input type="checkbox"/> Oil well/Gas well</td></tr></table>					<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below) _____ Direction from well? _____ How many feet? _____	<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																										
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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) 11/20/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 12/15/10 under the business name of Hydro Resources by (signature) _____																																														
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