

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

21,767

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|---|--|--------------------------|-------------------------------|---|
| 1 LOCATION OF WATER WELL: County: KEARNY | Fraction NC $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ SE $\frac{1}{4}$ | Section Number 36 | Township Number T 25 S | Range Number 35 <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 **Lakin- 1 M S, 1/4 M E to Lakin Lane, 6 M S to Parallel RD, 8 M E 1,320 Ft. N & 1,320 Ft. W**

2 WATER WELL OWNER: WHEATLAND ELECTRIC
RR#, St. Address, Box #: **LYNN FREESE-PO BOX 230**
City, State ZIP Code: **SCOTT CITY, KS 67871**

Global Positioning Systems (GPS) information:
Latitude: **37.8297794** (in decimal degrees)
Longitude: **-101.1069972** (in decimal degrees)
Elevation: (FROM KDHE RECORDS)
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

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 361 ft.
WELL'S STATIC WATER LEVEL 290 ft.
WELL WAS USED AS:
 Domestic Irrigation Public Water Supply Dewatering
 Feedlot Oil Field Water Supply Monitoring
 Industrial Domestic (Lawn & Garden) Injection Well
 Air Conditioning 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 16 in. Was casing pulled? Yes No If yes, how much 3 FT.
Casing height above or below land surface 36 in. **BELOW**

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
Grout Plug Intervals: From 3 ft. to 290 ft., From _____ ft. to _____ ft., From _____ 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 N/A
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-----|--------------------|------|----|--------------------|
| 0 | 3 | TOP SOIL | | | |
| 3 | 290 | CEMENT GROUT | | | |
| 290 | 361 | CHLORINATED GRAVEL | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-10-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 208. This Water Well Record was completed on (mo/day/year) 5-14-12 under the business name of MINTER-WILSON DRILLING CO., INC. by (signature) Nora Keller

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