

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

|                                                         |                                   |                             |                              |                               |
|---------------------------------------------------------|-----------------------------------|-----------------------------|------------------------------|-------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>Ford</b> | Fraction<br><b>NE ¼ SW ¼ SW ¼</b> | Section Number<br><b>25</b> | Township Number<br><b>26</b> | Range Number<br><b>25 (W)</b> |
|---------------------------------------------------------|-----------------------------------|-----------------------------|------------------------------|-------------------------------|

Distance and direction from nearest town or city street address of well if located within city?

**400 East Wyatt Earp Dodge City, Kansas**

|                                                                                                    |                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WATER WELL OWNER:</b><br><b>Musket Corporation</b><br>PO Box 26210<br>Oklahoma City, OK 73126 | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                       |              |              |                          |                        |           |                            |                   |              |                    |                |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|--------------|--------------|--------------------------|------------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><br><div style="text-align: center;"> </div> | <b>4 DEPTH OF WELL</b> <u>38.38</u> <b>ft.</b><br><br><b>WELL'S STATIC WATER LEVEL</b> <u>Dry</u> <b>ft</b><br><br><b>WELL WAS USED AS:</b><br><table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><b>(10 Monitoring)</b></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> | 1 Domestic             | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | <b>(10 Monitoring)</b> | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| 1 Domestic                                                                                                | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9 Dewatering           |                       |              |              |                          |                        |           |                            |                   |              |                    |                |
| 2 Irrigation                                                                                              | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>(10 Monitoring)</b> |                       |              |              |                          |                        |           |                            |                   |              |                    |                |
| 3 Feedlot                                                                                                 | 7 Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11 Injection Well      |                       |              |              |                          |                        |           |                            |                   |              |                    |                |
| 4 Industrial                                                                                              | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12 Other _____         |                       |              |              |                          |                        |           |                            |                   |              |                    |                |

|                                     |            |                   |                 |                         |
|-------------------------------------|------------|-------------------|-----------------|-------------------------|
| <b>5 TYPE OF BLANK CASING USED:</b> |            |                   |                 |                         |
| 1 Steel                             | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (Specify below) |
| 2 PVC                               | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile | _____                   |

Blank casing diameter 2 in. Was casing pulled? Yes X No \_\_\_\_\_ If yes, how much 3 Feet  
 Casing height above or below land surface \_\_\_\_\_ in.

|                               |               |                |             |               |
|-------------------------------|---------------|----------------|-------------|---------------|
| <b>6 GROUT PLUG MATERIAL:</b> | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other _____ |
|-------------------------------|---------------|----------------|-------------|---------------|

Grout Plug Intervals: From 3 ft. to 38.38 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|                          |                   |                         |                                                     |
|--------------------------|-------------------|-------------------------|-----------------------------------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel Storage         | <b>16 Other (specify below)</b><br><u>Lust Site</u> |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   |                                                     |
| 3 Watertight sewer lines | 8 Sewage lagoon   | 13 Insecticide storage  | Direction from well? _____<br>How many feet? _____  |
| 4 Lateral lines          | 9 Feedyard        | 14 Abandoned water well |                                                     |
| 5 Cess pool              | 10 Livestock pens | 15 Oil well/Gas well    |                                                     |

| FROM     | TO           | PLUGGING MATERIALS    | FROM | TO | PLUGGING MATERIALS |
|----------|--------------|-----------------------|------|----|--------------------|
|          |              | <b>Well Destroyed</b> |      |    |                    |
| <b>0</b> | <b>38.38</b> | <b>Native soils</b>   |      |    |                    |
|          |              |                       |      |    |                    |
|          |              |                       |      |    | <b>MW11</b>        |
|          |              |                       |      |    |                    |
|          |              |                       |      |    |                    |
|          |              |                       |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04/29/2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 05/13/2010 under the business name of **Coranco Great Plains, Inc.** by (signature) [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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.