

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: Gray 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. 1 1/2 miles NW of Cimarron, KS	Fraction 1/4 SW 1/4 SW 1/4 SE 1/4	Section Number 4	Township Number T 26 S	Range Number 28 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																
<b>2 WATER WELL OWNER:</b> Cimarron Feeders RR#, St. Address, Box #: 13745 Rd. 16 City, State ZIP Code: Cimarron, KS 67853		<b>Global Positioning Systems (GPS) information:</b> Latitude: 37.81078 (in decimal degrees) Longitude: 100.38567 (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Magel/Triton 300) <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																																																		
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF WELL</b> 212 <b>ft.</b> WELL'S STATIC WATER LEVEL 122 <b>ft</b> WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input checked="" type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial         </div> <div> <input type="checkbox"/> Public Water Supply  <input type="checkbox"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning         </div> <div> <input type="checkbox"/> Dewatering  <input type="checkbox"/> Monitoring  <input type="checkbox"/> Injection Well  <input type="checkbox"/> Other         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																			
<b>5 TYPE OF BLANK CASING USED:</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Steel  <input type="checkbox"/> PVC         </div> <div> <input type="checkbox"/> RMP (SR)  <input type="checkbox"/> ABS         </div> <div> <input type="checkbox"/> Wrought  <input type="checkbox"/> Asbestos-Cement         </div> <div> <input type="checkbox"/> Fiberglass  <input type="checkbox"/> Concrete Tile         </div> <div> <input type="checkbox"/> Other (Specify below)         </div> </div> Blank casing diameter 16 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 60" Casing height above or below land surface 60 Below in.																																																				
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Plug Intervals: From 4 ft. to 122 ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank  <input type="checkbox"/> Sewer lines  <input type="checkbox"/> Watertight sewer lines  <input type="checkbox"/> Lateral lines  <input type="checkbox"/> Cess pool         </div> <div> <input type="checkbox"/> Seepage pit  <input type="checkbox"/> Pit privy  <input type="checkbox"/> Sewage lagoon  <input type="checkbox"/> Feedyard  <input type="checkbox"/> Livestock pens         </div> <div> <input type="checkbox"/> Fuel Storage  <input type="checkbox"/> Fertilizer storage  <input type="checkbox"/> Insecticide storage  <input type="checkbox"/> Abandoned water well  <input type="checkbox"/> Oil well/Gas well         </div> <div> <input type="checkbox"/> Other (specify below)         </div> </div> Direction from well? _____ How many feet? _____																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>212'</td> <td>122'</td> <td>1.6 Tons Chlorinated Road Gravel</td> <td>122'</td> <td>4'</td> <td>1.52 yards of Concrete</td> </tr> <tr> <td>4'</td> <td>0'</td> <td>Dug Down, Casing Cut off, and backfilled.</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	212'	122'	1.6 Tons Chlorinated Road Gravel	122'	4'	1.52 yards of Concrete	4'	0'	Dug Down, Casing Cut off, and backfilled.																																	
FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS																																															
212'	122'	1.6 Tons Chlorinated Road Gravel	122'	4'	1.52 yards of Concrete																																															
4'	0'	Dug Down, Casing Cut off, and backfilled.																																																		
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/22/09 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) 1/6/10 under the business name of Henkle Drilling & Supply Co. Inc. by (signature)																																																				
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																																																				

Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy