

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. \_\_\_\_\_

1 LOCATION OF WATER WELL:		Fraction County: Gray SE 1/4 SW 1/4 NE 1/4 NW 1/4	Section Number 12	Township Number T 26 S	Range Number 28 <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"/> 901 E. Avenue A, Cimarron KS			<b>Global Positioning Systems (GPS) information:</b> Latitude: 37.80706 (in decimal degrees) Longitude: -100.33553 (in decimal degrees) Elevation: 2637' AMSL Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 <b>Collection Method:</b> <input type="checkbox"/> GPS unit (Make/Model): _____ <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey <b>Est. Accuracy:</b> <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																												
2 WATER WELL OWNER: Donald Thurston / T-Bone Travel Plaza RR#, St. Address, Box #: Box 247 City, State ZIP Code: Cimarron, KS 67835																																															
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 75 ft. WELL'S STATIC WATER LEVEL 69.46 ft WELL WAS USED AS: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial         </td> <td style="width: 33%; text-align: center;"> <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         </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Dewatering  <input checked="" type="checkbox"/> Monitoring  <input type="checkbox"/> Injection Well  <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 type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____																																							
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5 TYPE OF BLANK CASING USED:																																															
<input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Other (Specify below) _____																																															
Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3' BGS Casing height above or below land surface _____ in.																																															
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																																															
Grout Plug Intervals: From 3 ft. to 75 ft., From _____ ft. to _____ ft., From _____ to _____ ft.																																															
What is the nearest source of possible contamination: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> <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         </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Seepage pit  <input type="checkbox"/> Pit privy  <input type="checkbox"/> Sewage lagoon  <input type="checkbox"/> Feedyard  <input type="checkbox"/> Livestock pens         </td> <td style="width: 33%; text-align: center;"> <input checked="" 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         </td> <td style="width: 33%; text-align: center;"> <input type="checkbox"/> Other (specify below) _____         </td> </tr> </table> Direction from well? Southeast How many feet? 95'						<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	<input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens	<input checked="" 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	<input type="checkbox"/> Other (specify below) _____																																						
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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) 7/17/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 7/18/14 under the business name of <u>Geo-Salt Environmental</u> by (signature) <u>John M.</u>																																															
<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: <input type="checkbox"/> White Copy <input type="checkbox"/> Blue Copy <input type="checkbox"/> Pink Copy																																															