

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

15,801 D3

1 LOCATION OF WATER WELL: County: FINNEY	Fraction <b>Near Center</b> 1/4 1/4 1/4 SW 1/4	Section Number 22	Township Number T 26 S	Range Number 32 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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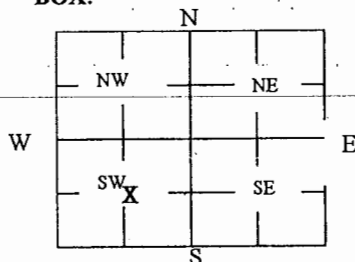
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ GARDEN CITY-10 M S ON HWY 83 TO PLYMELL ROAD, 4 M E., 3 M S,  
1,320 Ft. N. & 3,960 Ft. W

Global Positioning Systems (GPS) information:  
Latitude: \_\_\_\_\_ (in decimal degrees)  
Longitude: \_\_\_\_\_ (in decimal degrees)  
Elevation: \_\_\_\_\_  
Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27  
Collection Method:

2 WATER WELL OWNER: EDNA COLLINGWOOD  
RR#, St. Address, Box #: TRUST, P O BOX 1184  
City, State ZIP Code: HUTCHINSON, KS 67504

☐ 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 300 ft.

WELL'S STATIC WATER LEVEL 250 ft

WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input checked="" 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 _____

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 \_\_\_\_\_  
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 250 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below) N/A
<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	

Direction from well? \_\_\_\_\_  
How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	TOP SOIL			
3	250	CEMENT GROUT			
250	300	CHLORINATED GRAVEL			

**RECEIVED**  
MAR 18 2011  
**BUREAU OF WATER**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-7-11 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) 3-9-11 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