

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

30,157

1 LOCATION OF WATER WELL: County: FINNEY	Fraction Near Center $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 25	Township Number T 26 S	Range Number 34 ☐ E ☒ W																																																						
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Holcomb-5 M. S.. 1 M. W., 6 M. S. 1 M. E. to Ivanhoe RD, 4-1/3rds M. S., 3,985 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: _____ ☐ GPS unit (Make/Model: _____) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m																																																								
2 WATER WELL OWNER: Wheatland Electric RR#, St. Address, Box #: Coop, Inc. PO Box 230 City, State ZIP Code: Scott City, KS 67871		3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px; text-align: center;">X</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">SE</td> </tr> </table> W E S			NW	X	NE	SW		SE																																																
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4 DEPTH OF WELL <u>345</u> ft. WELL'S STATIC WATER LEVEL <u>270</u> ft. WELL WAS USED AS: ☐ Domestic ☒ Irrigation ☐ Feedlot ☐ Industrial ☐ Public Water Supply ☐ Oil Field Water Supply ☐ Domestic (Lawn & Garden) ☐ Air Conditioning ☐ Dewatering ☐ Monitoring ☐ Injection Well ☐ Other _____ Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒																																																										
5 TYPE OF BLANK CASING USED: ☒ Steel ☐ PVC ☐ RMP (SR) ☐ ABS ☐ Wrought ☐ Asbestos-Cement ☐ Fiberglass ☐ Concrete Tile ☐ Other (Specify below) _____ Blank casing diameter <u>18</u> in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____ Casing height above or below land surface <u>36</u> in. Below																																																										
6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____ Grout Plug Intervals: From <u>3</u> ft. to <u>270</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Sewer lines ☐ Watertight sewer lines ☐ Lateral lines ☐ Cess pool ☐ Seepage pit ☐ Pit privy ☐ Sewage lagoon ☐ Feedyard ☐ Livestock pens ☐ Fuel Storage ☐ Fertilizer storage ☐ Insecticide storage ☐ Abandoned water well ☐ Oil well/Gas well ☐ Other (specify below) _____ Direction from well? _____ How many feet? _____																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>TOP SOIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>270</td> <td>CEMENT GROUT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>270</td> <td>345</td> <td>CHLORINATED GRAVEL</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	0	3	TOP SOIL				3	270	CEMENT GROUT				270	345	CHLORINATED GRAVEL																																	
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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) <u>7-1-11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>208</u> . This Water Well Record was completed on (mo/day/year) <u>7-11-11</u> under the business name of <u>MINTER-WILSON DRILLING CO., INC.</u> by (signature) <u>nora Keller</u>																																																										
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