

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

22034

<b>1 LOCATION OF WATER WELL:</b> County: <b>HAMILTON</b>		Fraction $\frac{1}{4}$ $\frac{1}{4}$ C $\frac{1}{4}$ NW $\frac{1}{4}$		Section Number <b>16</b>		Township Number <b>T 26 S</b>		Range Number <b>43</b> <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"/> Approx. 20 miles SW of Syracuse Ks.				<b>Global Positioning Systems (GPS) information:</b> Latitude: <b>37.79268</b> (in decimal degrees) Longitude: <b>102.02983</b> (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: <b>Garmin eTrex 10</b> ) <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>2 WATER WELL OWNER:</b> Southwest Plains Dairy RR#, St. Address, Box #: <b>12701 SW CR 32</b> City, State ZIP Code: <b>Syracuse Ks., 678787816</b>																																																									
<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> <b>720'</b> ft. WELL'S STATIC WATER LEVEL <b>426'</b> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic  <input checked="" type="checkbox"/> Irrigation  <input 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 <b>16"</b> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <b>60"</b> Casing height above or below land surface <b>Below 60"</b> 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 <b>10'</b> ft. to <b>5'</b> 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 checked="" type="checkbox"/> Other (specify below) <b>None Observed</b>          Direction from well? _____          How many feet? _____         </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <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>720'</td> <td>426'</td> <td>Chlorinated Road Sand</td> <td>426'</td> <td>10'</td> <td>Oversized Rock with Clay Chunks</td> </tr> <tr> <td>10'</td> <td>5'</td> <td>3,000 PSI Concrete</td> <td>5'</td> <td>0'</td> <td>Cut off Casing and Backfilled</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	720'	426'	Chlorinated Road Sand	426'	10'	Oversized Rock with Clay Chunks	10'	5'	3,000 PSI Concrete	5'	0'	Cut off Casing and Backfilled																														
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>11-11-2020</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>145</b> . This Water Well Record was completed on (mo/day/year) <b>11-17-2020</b> under the business name of <b>Hydro Resources Mid Continent</b> by (signature) <b>Gary Clepper</b>																																																									
<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