

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: <u>SEDGWICK</u> Fraction <u>NE 1/4 SE 1/4 SE 1/4</u> 1/4 Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ <u>Basement - 1401 N Lynnhurst Wich, KS</u>	Section Number <u>11</u>	Township Number <u>T 27 S</u>	Range Number <u>R 1 E</u> <u>ATW</u>																																																						
2 WATER WELL OWNER: RR#, St. Address, Box #: <u>1401 N Lynnhurst</u> City, State ZIP Code: <u>Wich, KS 67212</u>		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																																																							
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>22</u> ft. WELL'S STATIC WATER LEVEL <u>10</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 ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) ☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile Blank casing diameter <u>1 3/4</u> in. Was casing pulled? Yes ☐ No ☒ If yes, how much <u>-0-</u> Casing height above or below land surface <u>-0-</u> in.																																																									
6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☒ Bentonite ☐ Other _____ Grout Plug Intervals: From <u>12</u> ft. to <u>8</u> ft., From <u>2</u> ft. to <u>0</u> ft., From _____ ft. 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? <u>Overhead</u> How many feet? <u>5</u>																																																									
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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>12/14/13</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>628</u> . This Water Well Record was completed on (mo/day/year) <u>12/16/13</u> under the business name of <u>JME Enterprises</u> by (signature) <u>[Signature]</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 .																																																									