

**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**

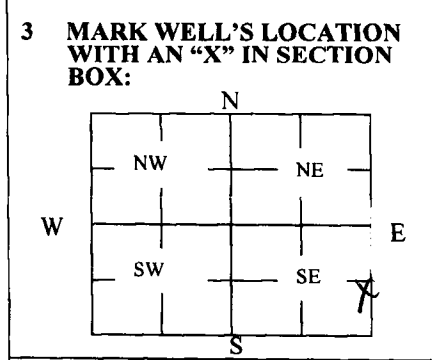
|  |  |                             |                                  |  |
|--|--|-----------------------------|----------------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>Pratt</b> | Fraction<br><b>NW 1/4 nw 1/4 ne 1/4 se 1/4</b> | Section Number<br><b>10</b> | Township Number<br><b>T 27 S</b> | Range Number<br><b>12</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  **Waldeck- North 4.5 Miles on NE 70th Ave then West side of the Road**

**Global Positioning Systems (GPS) information:**  
 Latitude: **37.710823** (in decimal degrees)  
 Longitude: **-98.613787** (in decimal degrees)  
 Elevation: \_\_\_\_\_  
 Horizontal Datum:  WGS84,  NAD83,  NAD27  
 Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:** **Matt Brown**  
 RR#, St. Address, Box #: **12821 10th Street**  
 City, State ZIP Code: **Grandveiw, MO 64030**

GPS unit (Make/Model: \_\_\_\_\_)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  < 3 m,  3-5 m,  5-15 m,  > 15 m



**4 DEPTH OF WELL** 123 **ft.**  
 WELL'S STATIC WATER LEVEL 52 **ft**  
 WELL WAS USED AS:

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply      | <input type="checkbox"/> Dewatering     |
| <input 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:**

|   |                                   |  |  |  |
|---|-----------------------------------|--|--|--|
| <input checked="" type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought         | <input type="checkbox"/> Fiberglass    | <input type="checkbox"/> Other (Specify below) _____ |
| <input checked="" type="checkbox"/> PVC   | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile |  |

Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 40 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. 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) _____ |
| <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 | Direction from well? _____                           |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? _____                                 |

| FROM           | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|----------------|----|--------------------|------|----|--------------------|
| <del>000</del> | 4  | Topsoil            |      |    |                    |
| 53             | 4  | Ben                |      |    |                    |
| 123            | 53 | fill sand          |      |    |                    |
|                |    |                    |      |    |                    |
|                |    |                    |      |    |                    |
|                |    |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/3/22 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 672. This Water Well Record was completed on (mo/day/year) 3/4/22 under the business name of Crowdis waterwell by (signature) [Signature]

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.