

CORRECTED

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-12121305989.

1

1 LOCATION OF WATER WELL: County: Grant		Fraction SE ¼ SE ¼ SE ¼ SE ¼	Section Number 19	Township Number 28 T S	Range Number 35 <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 checked="" type="checkbox"/>			Global Positioning Systems (GPS) information: Latitude: 37.59132 (in decimal degrees) Longitude: 101.18245 (in decimal degrees) Elevation: 3092 Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																																		
2 WATER WELL OWNER: Greg Isase RR#, St. Address, Box #: 9906Erd11 City, State ZIP Code: Ulyesses ks 67880																																																					
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N W E SW SE S</div>		4 DEPTH OF WELL <u>409</u> ft. WELL'S STATIC WATER LEVEL <u>390</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Domestic <input 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 & 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"/>																																																			
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Steel <input checked="" 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 <u>5</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>4ft</u> Casing height above or below land surface <u>48</u> in.																																																					
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>2</u> ft. to <u>14</u> ft., From _____ ft. to _____ ft., From _____ ft. 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 checked="" 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 type="checkbox"/> Other (specify below) _____ Direction from well? <u>west</u> How many feet? <u>150</u></div></div> <table border="1" style="width:100%"><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>0</td><td>4</td><td>TOP SOIL</td><td></td><td></td><td></td></tr><tr><td>4</td><td>24</td><td>HOLE PLUG</td><td></td><td></td><td></td></tr><tr><td>24</td><td>340</td><td>SAND</td><td></td><td></td><td></td></tr><tr><td>340</td><td>360</td><td>HOLE PLUG</td><td></td><td></td><td></td></tr><tr><td>360</td><td>409</td><td>CLAYMIXED SAND</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	4	TOP SOIL				4	24	HOLE PLUG				24	340	SAND				340	360	HOLE PLUG				360	409	CLAYMIXED SAND															
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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>04/08/2016</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>888</u> . This Water Well Record was completed on (mo/day/year) <u>04/15/2016</u> under the business name of <u>Steves Drilling</u> by (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.

KSA82a-1212

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