

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>23</u>	Township Number <u>29</u>	Range Number <u>24</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?

14319 W. 95th, St. South Clearwater KS 67026

2 WATER WELL OWNER: <u>PAGE HOUSE</u> RR#, St. Address, Box #: <u>250 S. Byers</u> City, State ZIP Code: <u>Clearwater Kansas 67026</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto;"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NW</td> <td style="text-align: center;">X</td> <td>NE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> S W E				NW	X	NE				SW		SE				4 DEPTH OF WELL <u>70</u> ft. WELL'S STATIC WATER LEVEL <u>30</u> ft. WELL WAS USED AS: ☒ Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring 11 Injection Well 12 Other _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>
NW	X	NE														
SW		SE														

5 TYPE OF BLANK CASING USED: ☒ 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) _____ ☐ 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile _____

Blank casing diameter 6 in. Was casing pulled? Yes _____ No X If yes, how much _____
 Casing height above or below land surface N/A in.

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grout Plug Intervals: From 4 ft. to 5 ft., From 5 ft. to 8 ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) NONE
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? N/A
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? N/A

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
70	8	Gravel			
8	5	Bentonite			
5	4	Cement grout			
4	Surface	Native Soil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/14/2011 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 2/24/2011 under the business name of homeowner by (signature) Munetou Equipment LLC

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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.