

**WATER WELL PLUGGING RECORD Form WWC-5P**

KSA 82a-1212

ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: GRAY	Fraction ¼ SE ¼ SE ¼ NE ¼	Section Number 25	Township Number T 29 S	Range Number 29 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  6 MILES SOUTH OF MONTEZUMA

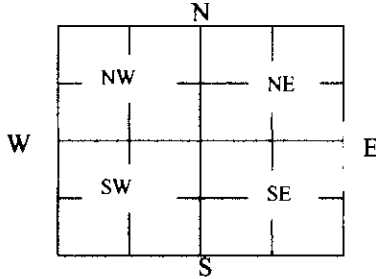
**Global Positioning Systems (GPS) information:**

Latitude: \_\_\_\_\_ (in decimal degrees)  
 Longitude: \_\_\_\_\_ (in decimal degrees)  
 Elevation: \_\_\_\_\_  
 Horizontal Datum:  WGS84,  NAD83,  NAD27  
 Collection Method:

**2 WATER WELL OWNER: BRISCOE FARMS**  
 RR#, St. Address, Box #: 2206 13 RD  
 City, State ZIP Code: MONTEZUMA, KS 67867

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** 130 **ft.**

WELL'S STATIC WATER LEVEL DRY 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:**

Steel  RMP (SR)  Wrought  Fiberglass  Other (Specify below) \_\_\_\_\_  
 PVC  ABS  Asbestos-Cement  Concrete Tile

Blank casing diameter 5 in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 48 in.

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

Grout Plug Intervals: From 5 ft. to 10 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	
<input type="checkbox"/> Cess pool	<input checked="" type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	
Direction from well? <u>NORTH</u>			
How many feet? <u>20</u>			

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
130	10	CLAY AND SUBSOIL			
10	5	BENTONITE			
5	0	CUT OFF CASING AND BACKFILL			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/7/17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 805. This Water Well Record was completed on (mo/day/year) 2/16/17 under the business name of SOUTHWEST WINDMILL & WATER WELL 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.