

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

KSA 82a-1212

ID NO.

16,495

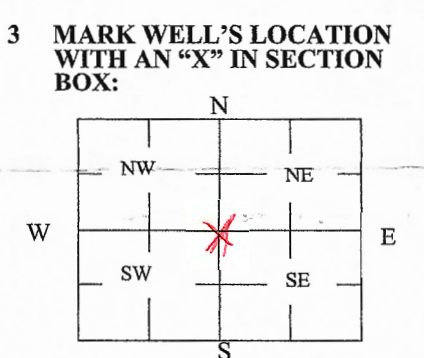
<b>1 LOCATION OF WATER WELL:</b> County: Meade	Fraction ¼ ¼ NC ¼ SW ¼	Section Number 7	Township Number T 30 S	Range Number 30 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  1239 FT NORTH 4002FT WEST

**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: PENNEY SCHWAB**  
 RR#, St. Address, Box #: 1052 C RD  
 City, State ZIP Code: COPELAND, KS 67837

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** 400 ft.  
 WELL'S STATIC WATER LEVEL 270 ft.  
 WELL WAS USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input checked="" 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 16 in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 60 in.

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

Grout Plug Intervals: From 4 ft. to 7 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
0ft	4ft	topsoil			
4ft	7ft	cement			
7ft	120ft	clay			
120ft	270ft	sand			
270ft	400ft	chlorinated sand			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04/21/2021 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) 05/05/2021 under the business name of PENNEY SCHWAB by (signature) Penney Schwab

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.