

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

MS14-MW3D

1 **LOCATION OF WATER WELL:** Fraction NE 1/4 SW 1/4 NE 1/4 SW 1/4 Section Number 6 Township Number T 30 S Range Number 5 E W

(KGS DRL)

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here From intersection of SE 130th St. & SE 110 Ave. travel 2100 ft. E-NE to unnamed road then 900 ft. NW to gate

Global Positioning Systems (GPS) information:
 Latitude: 37.4645 (in decimal degrees)
 Longitude: -97.9113 (in decimal degrees)
 Elevation: 1488.81 (TOC)
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method:

2 **WATER WELL OWNER:** McConnell Air Force Base
 RR#, St. Address, Box #: 2801 S. Rock Road
 City, State ZIP Code: Wichita, Ks. 67221

GPS unit (Make/Model: NA)
 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:**

N			
	NW		NE
W			
	SW X		SE
S			

4 **DEPTH OF WELL** 54.3 ft.
WELL'S STATIC WATER LEVEL 33.93 ft
WELL WAS USED AS:

<input 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 checked="" 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 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 2 in. Was casing pulled? Yes No If yes, how much 3 ft.
 Casing height above or below land surface -36 in.

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

Grout Plug Intervals: From 0 ft. to 54.3 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
0	54.3	Bentonite grout			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/10/2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604. This Water Well Record was completed on (mo/day/year) 8/10/18 under the business name of Environmental Priority Service, Inc. by (signature) PAH 296

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.