

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

MW2

1 LOCATION OF WATER WELL: County: Sumner	Fraction SE¼ NE¼ SE¼ SE¼	Section Number 26	Township Number T 31 S	Range Number 1 <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
441 N. West Road, Wellington KS

Global Positioning Systems (GPS) information:
 Latitude: NA (in decimal degrees)
 Longitude: NA (in decimal degrees)
 Elevation: NA
 Horizontal Datum WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER: City of Wellington
 RR#, St. Address, Box #: 317 S. Washington
 City, State ZIP Code: Wellington, KS 67152

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:

N		
NW		NE
W		E
SW		SE
S		
		X

4 DEPTH OF WELL 18.94 ft. MW2
 WELL'S STATIC WATER LEVEL _____ ft
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning 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 (Specific 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 high above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Asphalt: 0-0.5 ft; Soil: 0.5-3 ft

Grout Plug Intervals: From 3 ft to 18.94 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 checked="" 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"/> Feed yard	<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	0.5	Asphalt			
0.5	3	Soil			
3	18.94	Bentonite			
KDHE ID: Wellington Municipal Airport; U2-096-14649					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/3/16 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 2/10/16 under the business name of Larsen & Associates, Inc. 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.