

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 **LOCATION OF WATER WELL:** Fraction SE 1/4 SW 1/4 NW 1/4 SE 1/4 Section Number 24 Township Number T 31 S Range Number 12 E W
 County: Barber

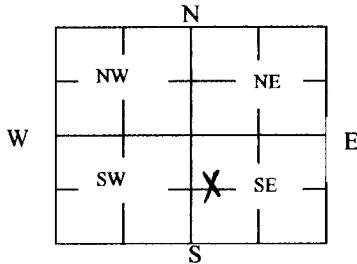
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 3 miles North of Medicine Lodge, Ks.

Global Positioning Systems (GPS) information:
 Latitude: 37.33030333 (in decimal degrees)
 Longitude: -98.5754292 (in decimal degrees)
 Elevation: 1530 ft.
 Datum: WGS84, NAD83, NAD27
 Collection Method:

2 **WATER WELL OWNER:** City of Medicine Lodge
 RR#, St. Address, Box #: 114 W. First Avenue
 City, State ZIP Code: Medicine Lodge, Ks. 67104

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** 40 ft. WATER WELL 6B/413

WELL'S STATIC WATER LEVEL 6.5 ft

WELL WAS USED AS:

- Domestic
- Irrigation
- Feedlot
- Industrial
- Public Water Supply
- Oil Field Water Supply
- Domestic (Lawn & Garden)
- Air Conditioning
- Dewatering
- Monitoring
- Injection Well
- Other _____

Was a chemical/bacteriological sample submitted to Department? Yes No

5 **TYPE OF BLANK CASING USED:**

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

Blank casing diameter 8 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface _____ in.

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

Grout Plug Intervals: From 4 ft. to 40 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

- Septic tank
- Sewer lines
- Watertight sewer lines
- Lateral lines
- Cess pool
- Seepage pit
- Pit privy
- Sewage lagoon
- Feedyard
- Livestock pens
- Fuel Storage
- Fertilizer storage
- Insecticide storage
- Abandoned water well
- Oil well/Gas well
- Other (specify below) Creek

Direction from well? East
 How many feet? 50

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4	Topsoil			
4	40	Cement grout			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/6/2017 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138. This Water Well Record was completed on (mo/day/year) 9/13/2017 under the business name of Peterson Irrigation, Inc. by (signature) Michael Peterson

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.