

# WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

SW SW NW *(initials)*

|                                                   |                                                         |                             |                              |                               |
|---------------------------------------------------|---------------------------------------------------------|-----------------------------|------------------------------|-------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <u>Meade</u> | Fraction<br><u>1/4</u> <u>1/4</u> <u>1/4</u> <u>1/4</u> | Section Number<br><u>10</u> | Township Number<br><u>33</u> | Range Number<br><u>27</u> E/W |
|---------------------------------------------------|---------------------------------------------------------|-----------------------------|------------------------------|-------------------------------|

Distance and direction from nearest town or city street address of well if located within city?

SE 1/4 6 1/2 S From Meade

|                                                                                                                            |                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 WATER WELL OWNER: <u>Ivan Ediger</u><br><br>RR#, St. Address, Box #:<br><br>City, State ZIP Code: <u>Meade, KS 67864</u> | Global Positioning Systems (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                 |                            |                   |    |   |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                       |              |                                  |                          |               |                               |                            |                   |                                  |                    |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|----|---|--|--|----|--|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|--------------|----------------------------------|--------------------------|---------------|-------------------------------|----------------------------|-------------------|----------------------------------|--------------------|----------------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><br><div style="text-align: center;"> <p>N</p> <table border="1"> <tr> <td>NW</td> <td></td> <td>NE</td> </tr> <tr> <td>•</td> <td></td> <td></td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> </table> <p>W E</p> <p>S</p> </div> | NW                         |                   | NE | • |  |  | SW |  | SE | 4 DEPTH OF WELL <u>124</u> ft.<br><br>WELL'S STATIC WATER LEVEL <u>94</u> ft.<br><br>WELL WAS USED AS:<br><table border="0"> <tr> <td><input checked="" type="radio"/> Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="radio"/> Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td><input type="radio"/> Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="radio"/> Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> | <input checked="" type="radio"/> Domestic | 5 Public Water Supply | 9 Dewatering | <input type="radio"/> Irrigation | 6 Oil Field Water Supply | 10 Monitoring | <input type="radio"/> Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | <input type="radio"/> Industrial | 8 Air Conditioning | 12 Other _____ |
| NW                                                                                                                                                                                                                                                                                              |                            | NE                |    |   |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                       |              |                                  |                          |               |                               |                            |                   |                                  |                    |                |
| •                                                                                                                                                                                                                                                                                               |                            |                   |    |   |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                       |              |                                  |                          |               |                               |                            |                   |                                  |                    |                |
| SW                                                                                                                                                                                                                                                                                              |                            | SE                |    |   |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                       |              |                                  |                          |               |                               |                            |                   |                                  |                    |                |
| <input checked="" type="radio"/> Domestic                                                                                                                                                                                                                                                       | 5 Public Water Supply      | 9 Dewatering      |    |   |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                       |              |                                  |                          |               |                               |                            |                   |                                  |                    |                |
| <input type="radio"/> Irrigation                                                                                                                                                                                                                                                                | 6 Oil Field Water Supply   | 10 Monitoring     |    |   |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                       |              |                                  |                          |               |                               |                            |                   |                                  |                    |                |
| <input type="radio"/> Feedlot                                                                                                                                                                                                                                                                   | 7 Domestic (Lawn & Garden) | 11 Injection Well |    |   |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                       |              |                                  |                          |               |                               |                            |                   |                                  |                    |                |
| <input type="radio"/> Industrial                                                                                                                                                                                                                                                                | 8 Air Conditioning         | 12 Other _____    |    |   |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                       |              |                                  |                          |               |                               |                            |                   |                                  |                    |                |

5 TYPE OF BLANK CASING USED:

|         |            |                   |                 |                                                        |
|---------|------------|-------------------|-----------------|--------------------------------------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | <input checked="" type="radio"/> Other (Specify below) |
| 2 PVC   | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile | <u>tin</u>                                             |

Blank casing diameter 4 in. Was casing pulled? Yes \_\_\_\_\_ No ☒ If yes, how much \_\_\_\_\_  
Casing height above or below land surface 48 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ Bentonite 4 Other \_\_\_\_\_

Grout Plug Intervals: From 10 ft. to 3 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|                                              |                   |                         |                               |
|----------------------------------------------|-------------------|-------------------------|-------------------------------|
| <input type="radio"/> Septic tank            | 6 Seepage pit     | 11 Fuel Storage         | 16 Other (specify below)      |
| <input checked="" type="radio"/> Sewer lines | 7 Pit privy       | 12 Fertilizer storage   |                               |
| 3 Watertight sewer lines                     | 8 Sewage lagoon   | 13 Insecticide storage  |                               |
| 4 Lateral lines                              | 9 Feedyard        | 14 Abandoned water well | Direction from well? <u>W</u> |
| 5 Cess pool                                  | 10 Livestock pens | 15 Oil well/Gas well    | How many feet? <u>100</u>     |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 124  | 94 | chlorinated sand   |      |    |                    |
| 94   | 10 | compacted soils    |      |    |                    |
| 10   | 3  | bentonite chips    |      |    |                    |
|      |    | w/muchroom top     |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |
|      |    |                    |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-26-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 101. This Water Well Record was completed on (mo/day/year) 6-4-06 under the business name of Bartel Well Drilling, Inc. by (signature) Reuben J. Bartel

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.