

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: STEVENS S0 1/4 S0 1/4 S0 1/4 S0 1/4 5 # 33 S 38 ☐ E ☒ W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Intersection of Q. Roads

5 & Q 1 1/4 mile east 400' North into

Global Positioning Systems (GPS) Information:

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

Elevation: _____

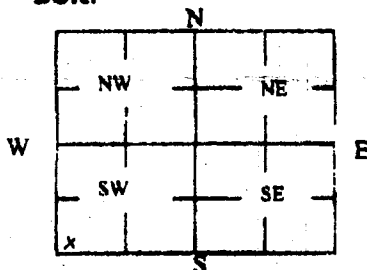
Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

☐ GPS unit (Make/Model: _____)☐ Digital Map/Photo. ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: Slater Family Farms
 RR#, St. Address, Box #: PO Box 7602
 City, State ZIP Code: Horseshoe Bay, TX 78657

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 170 ft.WELL'S STATIC WATER LEVEL Dry 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 6 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____Casing height 48 in. below land surface6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. 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) NONE observed

Direction from well? _____

How many feet? _____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|-------------|------------|-----------------------|------|----|--------------------|
| <u>170'</u> | <u>14'</u> | <u>Compacted Soil</u> | | | |
| <u>14'</u> | <u>4'</u> | <u>Cement plug</u> | | | |
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-19-20 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 805. This Water Well Record was completed on (mo/day/year) 11-20-20 under the business name of Heskinen Sales & Service by (signature) Keith R. Heskinen

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.