

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

SVE-10

1 LOCATION OF WATER WELL: County: Morton		Fraction SW 1/4 SE 1/4 NE 1/4 1/4	Section Number 29	Township Number T 34S	Range Number 43 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																						
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 4 Miles North and 6.75 Miles West of Elkhart, Kansas			Global Positioning Systems (GPS) information: Latitude: 37.062795590 (in decimal degrees) Longitude: -102.011534892 (in decimal degrees) Elevation: Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m. <input type="checkbox"/> 3-5 m. <input type="checkbox"/> 5-15 m. <input type="checkbox"/> > 15 m																																																								
			2 WATER WELL OWNER: Anadarko Petroleum Company RR#, St. Address, Box #: 1201 Lake Robbins Drive City, State ZIP Code: The Woodlands, TX 77380																																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF WELL 12.5' ft. WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning </div> <div> <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																									
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC </div> <div> <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS </div> <div> <input type="checkbox"/> Wrought <input type="checkbox"/> Asbestos-Cement </div> <div> <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile </div> <div> <input type="checkbox"/> Other (Specify below) _____ </div> </div> Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much Top 3 feet pulled Casing height above or below land surface 36 in.																																																											
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From 12.5' ft. to 3' ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool </div> <div> <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens </div> <div> <input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well </div> <div> <input checked="" type="checkbox"/> Other (specify below) NA Direction from well? _____ How many feet? _____ </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>12.5'</td> <td>3'</td> <td>Bentonite</td> <td>3'</td> <td>0'</td> <td>Soil</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	12.5'	3'	Bentonite	3'	0'	Soil																																										
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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) 2/7/2019 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 926. This Water Well Record was completed on (mo/day/year) 3/1/19 under the business name of Cascade by (signature) <i>Ch. Lee</i>																																																											
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 .																																																											