

**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**
**MW1**

<b>1 LOCATION OF WATER WELL:</b> County: <u>Smith</u>	Fraction <u>NW 1/4 NW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>21</u>	Township Number <u>T 3 S</u>	Range Number <u>13</u> <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 <input type="checkbox"/>	<b>Global Positioning Systems (GPS) information:</b>		
	Latitude: <u>NA</u> (in decimal degrees)		
	Longitude: <u>NA</u> (in decimal degrees)		
	Elevation: <u>NA</u>		
Horizontal Datum <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27			

321 W. Hwy 36, Smith Center, KS	Collection Method:
<b>2 WATER WELL OWNER:</b> John E. Jones Trust #1 RR#, St. Address, Box #: PO Box 542 City, State ZIP Code: Stockton, KS 67669	<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

<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF WELL</b> <u>14.32</u> <b>ft.</b> <b>MW1</b>
	<b>WELL'S STATIC WATER LEVEL</b> _____ <b>ft</b>  <b>WELL WAS USED AS:</b> <input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____  Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>5 TYPE OF BLANK CASING USED:</b>
<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 <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>3'</u> Casing height above or below land surface <u>NA</u> in.

<b>6 GROUT PLUG MATERIAL:</b>	<input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Concrete: 0-0.5'; Soil: 0.5-3'</u>
Grout Plug Intervals: From <u>3</u> ft to <u>14.32</u> 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 <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well	Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Concrete			
0.5	3	Soil			
3	14.32	Bentonite			

KDHE ID: J-J Oil Co. #17: U6-092-11469

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b>	This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2/9/2016</u> and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>2/18/2016</u> under the business name of <u>Larsen &amp; Associates, Inc.</u> By (signature) _____
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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.