

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: <u>Norton</u>	Fraction <u>NE 1/4 SW 1/4 NW 1/4 1/4</u>	Section Number <u>3</u>	Township Number <u>T 3 S</u>	Range Number <u>23</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 ☐

3523' North and 4152' West of Southeast Corner

## Global Positioning Systems (GPS) information:

Latitude: N 39 49 20.3 (in decimal degrees)

Longitude: W 099 54 15.9 (in decimal degrees)

Elevation: \_\_\_\_\_

Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method: \_\_\_\_\_

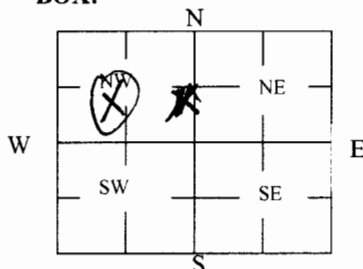
☒ GPS unit (Make/Model: \_\_\_\_\_)

☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

Est. Accuracy: ☐ < 3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ > 15 m

**2 WATER WELL OWNER:** City of Norton  
RR#, St. Address, Box #: 301 East Washington  
City, State ZIP Code: Norton, KS 67654

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



## 4 DEPTH OF WELL 70 ft.

WELL'S STATIC WATER LEVEL 39 ft

WELL WAS USED AS:

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Domestic   | <input checked="" type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering     |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply         | <input 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 ☐ No ☒

## 5 TYPE OF BLANK CASING USED:

- ☒ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) \_\_\_\_\_  
☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 12 in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_  
Casing height above or below land surface 60 in.

## 6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_

Grout Plug Intervals: From 46 ft. to 15 ft., From 15 ft. to 5 ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Septic tank            | <input type="checkbox"/> Seepage pit    | <input type="checkbox"/> Fuel Storage         | <input checked="" type="checkbox"/> Other (specify below) _____ |
| <input type="checkbox"/> Sewer lines            | <input type="checkbox"/> Pit privy      | <input type="checkbox"/> Fertilizer storage   | <input type="checkbox"/> Public Water Supply                    |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon  | <input type="checkbox"/> Insecticide storage  |   |
| <input type="checkbox"/> Lateral lines          | <input type="checkbox"/> Feedyard       | <input type="checkbox"/> Abandoned water well | Direction from well? <u>Southwest</u>                           |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? <u>35'</u>                                       |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
70	46	Chlorinated Gravel			
46	15	Bentonite Chips			
15	5	Cement Grout			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01/08/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 748. This Water Well Record was completed on (mo/day/year) 03/03/10 under the business name of Dowhey Drilling Inc. by (signature) [Signature]

**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>.

Check one: ☒ White Copy ☐ Blue Copy ☐ Pink Copy