

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

319476

| <b>1 LOCATION OF WATER WELL:</b><br>County: Cloud   |      | Fraction<br>SE ¼ NE ¼ NW ¼ ¼  | Section Number<br>21   | Township Number<br>T 5 S | Range Number<br>3 <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"/> 3 mi. north of Concordia on Hwy 81  |      |   | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: _____)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>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>2 WATER WELL OWNER:</b> 81 Texaco<br>RR#, St. Address, Box #: North Highway 81<br>City, State ZIP Code: Concordia, KS 66901   |                          |  |      |    |                    |      |    |                    |     |      |           |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div>   |      | <b>4 DEPTH OF WELL</b> 40 ft.<br>WELL'S STATIC WATER LEVEL _____ ft.<br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic<br/> <input type="checkbox"/> Irrigation<br/> <input type="checkbox"/> Feedlot<br/> <input type="checkbox"/> Industrial         </div> <div> <input type="checkbox"/> Public Water Supply<br/> <input type="checkbox"/> Oil Field Water Supply<br/> <input type="checkbox"/> Domestic (Lawn &amp; Garden)<br/> <input type="checkbox"/> Air Conditioning         </div> <div> <input type="checkbox"/> Dewatering<br/> <input type="checkbox"/> Monitoring<br/> <input checked="" type="checkbox"/> Injection Well<br/> <input type="checkbox"/> Other _____         </div> </div> 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><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Steel<br/> <input checked="" type="checkbox"/> PVC         </div> <div> <input type="checkbox"/> RMP (SR)<br/> <input type="checkbox"/> ABS         </div> <div> <input type="checkbox"/> Wrought<br/> <input type="checkbox"/> Asbestos-Cement         </div> <div> <input type="checkbox"/> Fiberglass<br/> <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 ~3ft. below ground surface<br>Casing height above or below land surface 36 _____ in.  |      |   |  |                          |  |      |    |                    |      |    |                    |     |      |           |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____<br>Grout Plug Intervals: From 3 _____ ft. to 40 _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft.<br>What is the nearest source of possible contamination:<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank<br/> <input type="checkbox"/> Sewer lines<br/> <input type="checkbox"/> Watertight sewer lines<br/> <input type="checkbox"/> Lateral lines<br/> <input type="checkbox"/> Cess pool         </div> <div> <input type="checkbox"/> Seepage pit<br/> <input type="checkbox"/> Pit privy<br/> <input type="checkbox"/> Sewage lagoon<br/> <input type="checkbox"/> Feedyard<br/> <input type="checkbox"/> Livestock pens         </div> <div> <input type="checkbox"/> Fuel Storage<br/> <input type="checkbox"/> Fertilizer storage<br/> <input type="checkbox"/> Insecticide storage<br/> <input type="checkbox"/> Abandoned water well<br/> <input type="checkbox"/> Oil well/Gas well         </div> <div> <input type="checkbox"/> Other (specify below) _____<br/>         Direction from well? _____<br/>         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>3ft</td> <td>40ft</td> <td>Bentonite</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ASW-16</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 | 3ft | 40ft | Bentonite |  |  |  |  |  |  |  |  | ASW-16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM  | TO   | PLUGGING MATERIALS  | FROM   | TO                       | PLUGGING MATERIALS   |      |    |                    |      |    |                    |     |      |           |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3ft   | 40ft | Bentonite   |  |                          |  |      |    |                    |      |    |                    |     |      |           |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |      |   |  |                          | ASW-16   |      |    |                    |      |    |                    |     |      |           |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/4/2013 _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 6/12/2013 _____ under the business name of GreenField Contractors, Inc. _____ by (signature) <i>Melissa D. McElwain</i>   |      |   |  |                          |  |      |    |                    |      |    |                    |     |      |           |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .   |      |   |  |                          |  |      |    |                    |      |    |                    |     |      |           |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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