

# 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: <u>Thomas</u>	<u>SW</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	<u>7</u>	<u>8</u>	<u>36</u> E(W)

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: <u>Bruce Baird</u>	Global Positioning Systems (decimal degrees, min. of 4 digits)
RR#, St. Address, Box #: <u>147 Co Rd 2</u>	Latitude: _____
City, State ZIP Code: <u>Brewster, KS</u>	Longitude: _____
<u>67732</u>	Elevation: _____
	Datum: _____
	Data Collection Method: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>200</u> ft.
	WELL'S STATIC WATER LEVEL <u>142' 6"</u> ft
	WELL WAS USED AS:
	<input checked="" type="radio"/> Domestic <input type="radio"/> Irrigation <input type="radio"/> Feedlot <input type="radio"/> Industrial
	<input type="radio"/> Public Water Supply <input type="radio"/> Oil Field Water Supply <input type="radio"/> Domestic (Lawn & Garden) <input type="radio"/> Air Conditioning
	<input type="radio"/> Dewatering <input type="radio"/> Monitoring <input type="radio"/> Injection Well <input type="radio"/> Other _____
	Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____

5 TYPE OF BLANK CASING USED:	
<input checked="" type="radio"/> Steel <input type="radio"/> PVC <input type="radio"/> RMP (SR) <input type="radio"/> ABS <input type="radio"/> Wrought <input type="radio"/> Asbestos-Cement <input type="radio"/> Fiberglass <input type="radio"/> Concrete Tile	9 Other (Specify below) _____
Blank casing diameter <u>5</u> in.	Was casing pulled? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Casing height above or below and surface <u>36"</u> in.	If yes, how much <u>3'</u>

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	4 Other _____
Grout Plug Intervals:	From <u>142</u> ft. to <u>125</u> ft.,	From <u>16</u> ft. to <u>3</u> ft.,	From _____ to _____ ft.	
What is the nearest source of possible contamination:				
<input checked="" type="radio"/> Septic tank <input type="radio"/> Sewer lines <input type="radio"/> Watertight sewer lines <input type="radio"/> Lateral lines <input type="radio"/> Cess pool	<input type="radio"/> Sepage pit <input type="radio"/> Pit privy <input type="radio"/> Sewage lagoon <input type="radio"/> Feedyard <input type="radio"/> Livestock pens	<input type="radio"/> Fuel Storage <input type="radio"/> Fertilizer storage <input type="radio"/> Insecticide storage <input type="radio"/> Abandoned water well <input type="radio"/> Oil well/Gas well	<input type="radio"/> 16 Other (specify below) _____ Direction from well? <u>NW of well</u> How many feet? <u>360'</u>	

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
142'	125'	Bentonite	125'	16'	Gravel
16'	3'	Cement grout			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-8-18 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) \_\_\_\_\_ under the business name of Bruce Baird by (signature) Bruce Baird

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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.