

**WATER WELL PLUGGING RECORD Form WWC-5P**

KSA 82a-1212

ID NO.

MW-3

<b>1 LOCATION OF WATER WELL:</b> County: <u>Sherman</u>	Fraction <u>¼ SE ¼ NW ¼ SW ¼</u>	Section Number <u>20</u>	Township Number <u>T 8 S</u>	Range Number <u>39</u> <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"/>		<b>Global Positioning Systems (GPS) Information:</b> Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____		

<b>2 WATER WELL OWNER:</b> <u>City of Goodland</u> RR#, St. Address, Box #: City, State ZIP Code: <u>Goodland, KS</u>	<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
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF WELL</b> <u>210.3</u> ft. <b>WELL'S STATIC WATER LEVEL</b> <u>206.50</u> ft. <b>WELL WAS USED AS:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial                         </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply  <input type="checkbox"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning                         </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering  <input checked="" type="checkbox"/> Monitoring <b>MW-3</b>  <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 type="checkbox"/>
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**5 TYPE OF BLANK CASING USED:**

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

Blank casing diameter 4 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3'

Casing height above or below land surface -36 in.

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

Grout Plug Intervals: From 3 ft. to 210.3 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"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool	<input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens	<input checked="" 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
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☐ Other (specify below) \_\_\_\_\_

Direction from well? \_\_\_\_\_  
 How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Native Soil			Notes:
3	210.3	Bentonite Grout			Goodland Power Plant, 17th & Cherry
					KDHE/BER project code:U6-091-00682

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/13/17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 881. This Water Well Record was completed on (mo/day/year) 7/24/17 under the business name of Woofert Pump and Well by (signature) \_\_\_\_\_

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.

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Revised 1/20/2015