

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

KSA 82a-1212 ID NO.

MW-103

|   |                                 |                      |                          |   |
|---|---------------------------------|----------------------|--------------------------|---|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Sherman | Fraction<br>SW ¼ SW ¼ NW ¼ SW ¼ | Section Number<br>21 | Township Number<br>T 8 S | Range Number<br>39 <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

**Global Positioning Systems (GPS) information:**  
 Latitude: 39.3411 (in decimal degrees)  
 Longitude: -101.6876 (in decimal degrees)  
 Elevation: 3661  
 Horizontal Datum:  WGS84,  NAD83,  NAD27  
 Collection Method:

**2 WATER WELL OWNER:** ADM Grain  
 RR#, St. Address, Box #: Goodland, KS.  
 City, State ZIP Code:

GPS unit (Make/Model: \_\_\_\_\_)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

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

**4 DEPTH OF WELL** 225 ft.  
 WELL'S STATIC WATER LEVEL 195 ft  
 WELL WAS USED AS:

|                                     |   |  |
|-------------------------------------|---|--|
| <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  No

**5 TYPE OF BLANK CASING USED:**

|   |                                   |  |  |  |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Steel          | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought         | <input type="checkbox"/> Fiberglass    | <input type="checkbox"/> Other (Specify below) _____ |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile |  |

Blank casing diameter 2 in. Was casing pulled? Yes  No  If yes, how much 5 ft.  
 Casing height above or below land surface 0 in.

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

Grout Plug Intervals: From 0 ft. to 225 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 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   | Compressor Station  |
| <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? _____                                |
| <input type="checkbox"/> Cess pool              | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well    | How many feet? _____                                      |

| FROM | TO  | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-----|--------------------|------|----|--------------------|
| 0    | 225 | Bentonite          |      |    |                    |
|      |     |                    |      |    |                    |
|      |     |                    |      |    |                    |
|      |     |                    |      |    |                    |
|      |     |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/13/2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604. This Water Well Record was completed on (mo/day/year) 8/11/2020 under the business name of Environmental Priority Service, Inc. by (signature) [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.