

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

NO.

1 LOCATION OF WATER WELL: County: Sheridan Fraction: SE 1/4 SE 1/4 SE 1/4 Section Number: 17 Township Number: T 9 S Range Number: 26 ☐ E ☒ 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: _____ (in decimal degrees)
Longitude: _____ (in decimal degrees)
Elevation: _____
Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

☐ GPS unit (Make/Model: _____)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

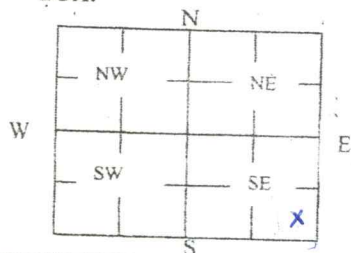
Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER:

RR#, St. Address, Box #:
City, State ZIP Code:

Bradley Simon
7037 S Rd 130 E
Hoxie, KS 67740

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



4 DEPTH OF WELL 150 ft.

WELL'S STATIC WATER LEVEL 100 ft

WELL WAS USED AS:

☒ Domestic ☐ Public Water Supply ☐ Dewatering
☐ Irrigation ☐ Oil Field Water Supply ☐ Monitoring
☐ Feedlot ☐ Domestic (Lawn & Garden) ☐ Injection Well
☐ Industrial ☐ Air Conditioning ☐ 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 5 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 4'
Casing height above or below land surface 48 in.

6 GROUT PLUG MATERIAL:

☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank ☐ Seepage pit ☐ Fuel storage ☐ Other (specify below)
☐ Sewer lines ☐ Pit privy ☐ Fertilizer storage
☐ Watertight sewer lines ☐ Sewage lagoon ☐ Insecticide storage
☐ Lateral lines ☐ Feedyard ☐ Abandoned water well
☐ Cess pool ☐ Livestock pens ☐ Oil well/Gas well

Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>4</u>	<u>Top Soil</u>			
<u>4</u>	<u>8</u>	<u>Grout</u>			
<u>8</u>	<u>95</u>	<u>Clean Subsoil</u>			
<u>95</u>	<u>150</u>	<u>Clean Sand</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:

This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-4-2020 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) 5-4-2020 under the business name of _____ by (signature) Bradley A. Simon

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>.