

*Corrected*

*AS-2*

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: <i>Riley</i>	<i>SE 1/4 NE 1/4 NE 1/4</i>	<i>18</i>	<i>10</i>	<i>8 E</i>

Distance and direction from nearest town or city street address of well if located within city?  
*720 N 3rd Manhattan, KS*

2 WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	Application Number:
<i>Coastal Mart 9131</i>	
City, State, ZIP Code	
<i>Rt 130 @ 295</i>	
<i>Westville, NJ</i>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <i>32</i> ft.
	WELL'S STATIC WATER LEVEL <i>22</i> ft.

Diagram showing a 3x3 grid with sections NW, NE, SW, SE. An 'X' is marked in the NW section.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well
3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_ No \_\_\_  
 If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected: Yes \_\_\_ No \_\_\_

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter *2* in. Was casing pulled? Yes \_\_\_ No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface *-36* in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  3 Bentonite 4 Other \_\_\_\_\_

Grout Plug Intervals From *0* ft. to *32* ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/ Gas well	

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

FROM	TO	CODE	PLUGGING MATERIALS
<i>0</i>	<i>32</i>		<i>Bentonite</i>

**RECEIVED**

JAN 08 2009

**BUREAU OF WATER**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) *8/22/06* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *554* This Water Well Record was completed on (mo/day/yr) *10/6/06* under the business name of *Woofler Pump & Well Blue-ken* by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-298-3585. Send one to Water Well Owner and retain one for your records.