

Consolidated

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

PMW-4

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 MAR 9131</i>	
<i>Rt. 130 @ 295</i>	
City, State, ZIP Code	
<i>Westville, NJ</i>	

3 MARK WELL'S LOCATION WITH AN 'X' IN SECTION BOX:	4 DEPTH OF WELL <i>21</i> ft.
	WELL'S STATIC WATER LEVEL <i>20.5</i> ft.
	WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 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) 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile
Blank casing diameter <i>2</i> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ___ If yes, how much <i>Overdrilled to 20'</i>
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL:
1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Plug Intervals From <i>0</i> ft. to <i>21</i> 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>21</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) <i>8/21/06</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>554</i> This Water Well Record was completed on (mo/day/yr) <i>10/6/06</i> under the business name of <i>Woofler Pump & Well / Blue-lem</i> by (signature) <i>[Signature]</i>
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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: 785-298-3565. Send one to Water Well Owner and retain one for your records.