

Attachment to Kansas Interim Standard 997

WATER WELL PLUGGING RECORD Form WW-C-5P KSA 82a-1212

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number															
	County: <u>Greenwood</u>	<u>SE 1/4 SW 1/4 SW 1/4</u>	<u>1</u>	<u>22</u>	<u>11</u>															
Distance and direction from nearest town or city street address of well if located within city? <u>1 mile North on old 99 1/2 mile West 3/4 mile North of Madison</u>																				
2	WATER WELL OWNER: <u>Martha Ralph</u>																			
RR#, St. Address, Box #: <u>R.A. 1 Box 545</u>		Board of Agriculture, Division of Water Resources																		
City, State, ZIP Code: <u>Madison KS 66860-995</u>		Application Number:																		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL..... <u>1.5</u>ft. WELL'S STATIC WATER LEVEL..... <u>6</u>ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> Feedlot 7 Lawn and Garden Only 11 Injection Well <input type="checkbox"/> Industrial 8 Air Conditioning 12 Other.....																	
<table border="1" style="width:100%; text-align:center; border-collapse: collapse;"> <tr><td colspan="4">N</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td>X</td><td></td></tr> <tr><td>S</td><td></td><td></td><td>E</td></tr> </table>		N				W			E			X		S			E	Was a chemical/bacteriological sample submitted to Department? Yes.....No. <input checked="" type="checkbox"/> . If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes.. <input checked="" type="checkbox"/> . No.....		
N																				
W			E																	
		X																		
S			E																	
5	TYPE OF BLANK CASING USED:																			
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)		2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile <u>Lead up limestone Rack.</u>																		
Blank casing diameter..... <u>4.8</u>in.		Was casing pulled? Yes..... No..... If yes, how much.....																		
Casing height above or below land surface.....in.																				
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other.....																			
Grout Plug Intervals: From <u>4.5</u> ft. to <u>5</u> ft., From.....ft. to.....ft., From..... 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 <input checked="" type="checkbox"/> Livestock pens 15 Oil well/Gas well																				
Direction from well? .. <u>South</u>			How many feet? ... <u>500</u>																	
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>1-26-95</u> 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)..... <u>1-26-95</u> under the business name of <u>MARTHA W. RALPH, LANDOWNER</u> by (signature) <u>Martha W. Ralph</u>																			
INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.																				