

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

MW-7

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Anderson	SE 1/4 SW 1/4 SW 1/4	06	23	19-East																																
Distance and direction from nearest town or city street address of well if located within city? 6th and Pine, Colony Kansas																																				
2 WATER WELL OWNER: Charles Ward																																				
RR#, St. Address, Box # P.O. Box 26																																				
City, State, ZIP Code : Colony, Kansas 67015																																				
Board of Agriculture, Division of Water Resources Application Number:																																				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 15.0 ft.																																			
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">NW</td> <td style="width: 50px; text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; text-align: center;">SW</td> <td style="width: 50px; text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div>	NW	NE	SW	SE	WELL'S STATIC WATER LEVEL 8.74 ft.																															
	NW	NE																																		
	SW	SE																																		
	WELL WAS USED AS:																																			
<div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div>																																				
Was a chemical/bacteriological sample submitted to Department? Yes ___ No X																																				
If yes, mo/day/yr sample was submitted _____																																				
Water Well Disinfected: Yes ___ No X																																				
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 2.375 in. Was casing pulled? Yes X No ___ If yes, how much? 3"																																				
Casing height above or below land surface Unknown in.																																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soils/Gravel																																				
Grout Plug Intervals From 15.0 ft. to 3.0 ft. From 3.0 ft. to 1.0 ft. From 1.0 ft. to 0.0 ft.																																				
What is the nearest source of possible contamination:																																				
1 Septic tank 6 Seepage pit 11 Fuel storage (former) 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? N/A How many feet? 0																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0.0</td> <td>1.0</td> <td></td> <td>Gravel</td> </tr> <tr> <td>1.0</td> <td>3.0</td> <td></td> <td>Soils</td> </tr> <tr> <td>3.0</td> <td>15.0</td> <td></td> <td>Bentonite chips</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	CODE	PLUGGING MATERIALS	0.0	1.0		Gravel	1.0	3.0		Soils	3.0	15.0		Bentonite chips																
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 05/26/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 06/10/08 under the business name of Quad State Services, Inc. by (signature) <i>[Signature]</i>																																				
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: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																				