

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. 00358327

1 LOCATION OF WATER WELL:		Fraction County: Butler NW 1/4 SW 1/4 NE 1/4	Section Number 35	Township Number 25	Range Number 05E																																																
Distance and direction from nearest town or city street address of well if located within city? 1400 N Main Street																																																					
2 WATER WELL OWNER:		Mark McCabe 2849 West 4 th St. El Dorado, KS 67042		Board of Agriculture, Division of Water Resources Application Number:																																																	
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 19.85	ft. Originally drilled to 20 feet bgs																																																		
		WELL'S STATIC WATER LEVEL 3.15		ft.																																																	
WELL WAS USED AS:																																																					
<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>						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																																				
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Was a chemical/bacteriological sample submitted to Department? If yes, mo/day/yr sample was submitted																																																					
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>																																																					
5 TYPE OF BLANK CASING USED:																																																					
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much																																																					
Casing height above or below land surface in. Overdrilled to 20 feet below ground surface																																																					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																																																					
Grout Plug Intervals From <u>0.5</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																					
What is the nearest source of possible contamination:																																																					
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Direction from well? _____ How many feet? _____																																																					
<table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th colspan="3">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.5</td> <td>Concrete</td> <td colspan="3"></td> </tr> <tr> <td>0.5</td> <td>20</td> <td>Bentonite</td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="3"></td> </tr> </tbody> </table>						FROM	TO	CODE	PLUGGING MATERIALS			0	0.5	Concrete				0.5	20	Bentonite																																	
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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) <u>9-9-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>9-19-05</u> under the business name of <u>Geotechnical Services, Inc.</u> by (signature) <u>Alison</u>					
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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: 785-296-3565. Send one to Water Well Owner and retain one for your records.