

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. _____

MW-3

1 LOCATION OF WATER WELL:		Fraction County: Butler NE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 27	Township Number 27	Range Number 4-East																							
Distance and direction from nearest town or city street address of well if located within city? 133 E. 7th Street, Augusta, Kansas																												
2 WATER WELL OWNER:		Shirley Baugher RR#, St. Address, Box # P.O. Box 56 City, State, ZIP Code : Augusta, Kansas 67010				Board of Agriculture, Division of Water Resources Application Number:																						
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		<table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td colspan="2"></td><td>N</td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td>X</td><td colspan="2"></td></tr> <tr><td rowspan="2">W</td><td>NW</td><td>NE</td><td rowspan="2">E</td><td>SE</td></tr> <tr><td>SW</td><td>SE</td></tr> <tr><td colspan="2"></td><td>S</td><td colspan="2"></td></tr> </table>						N					X			W	NW	NE	E	SE	SW	SE			S			4 DEPTH OF WELL 15.0 ft. WELL'S STATIC WATER LEVEL 10.13 ft. WELL WAS USED AS:
		N																										
		X																										
W	NW	NE	E	SE																								
	SW	SE																										
		S																										
		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;">1 Domestic</td><td style="width: 25%;">5 Public Water Supply</td><td style="width: 25%;">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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		<p>Was a chemical/bacteriological sample submitted to Department? If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																						
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 2.375 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much? 15'																						
Casing height above or below land surface Unknown in.						Overdrilled well to 15'																						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						Soils																						
Grout Plug Intervals From 15.0 ft. to 3.0 ft. From 3.0 ft. to 0.0 ft. From						ft. to																						
What is the nearest source of possible contamination:																												
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool			6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens			11 Fuel storage (Former) 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well	16 Other (specify below)																					
Direction from well? North						How many feet? 55																						
FROM	TO	CODE	PLUGGING MATERIALS																									
0.0	3.0		Compacted soils																									
3.0	15.0		Bentonite chips																									
						RECEIVED																						
						NOV 12 2004																						
						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) 10/27/04 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) 11/10/04 under the business name of <i>Quad State Services, Inc.</i> by (signature) <i>Mike Baugher</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.																												