

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																										
County: Neosha		NW ¼ NW ¼ NE ¼	24	29	20E																																										
Distance and direction from nearest town or city street address of well if located within city?																																															
101 St. Joseph St., St. Paul, KS 66771																																															
2 WATER WELL OWNER: Mac's Little Store			Global Positioning System (decimal degrees, min. of 4 digits)																																												
RR#, St. Address, Box #: PO Box 321			Latitude: <u>NA</u>																																												
City, State, ZIP Code: St. Paul, KS 66771			Longitude: <u>NA</u>																																												
			Elevation: <u>NA</u>																																												
			Datum: <u>NA</u>																																												
			Data Collection Method: <u>NA</u>																																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>30.00</u> ft. MW6																																													
		WELL'S STATIC WATER LEVEL <u>NA</u> ft.																																													
		WELL WAS USED AS:																																													
		<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</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	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____																														
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Was a chemical/bacteriological sample submitted to Department? Yes ___ No <u>X</u>																																															
5 TYPE OF BLANK CASING USED:																																															
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Blank casing diameter <u>2.375</u> in. Was casing pulled? Yes <u>X</u> No ___ If yes, how much <u>3</u> feet																																															
Casing height above or below land surface <u>NA</u> in.																																															
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil: <u>0-3ft</u>																																															
Grout Plug Intervals: From <u>3</u> ft. to <u>30.00</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																															
What is the nearest source of possible contamination:																																															
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<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 27 2012 BUREAU OF WATER </div>																																															
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11/1/12</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>11/13/12</u> under the business name of <u>Larsen and Associates, Inc.</u> by (signature) _____																																															
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell .																																															