45

 WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

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1 LOCATI	ON OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number		
County:	Clay		SE 1/4 SW1/4 SW1/4	1	8S	2E		
Distance and direction from nearest town or city street address of well if located within city?								
2 WATER WELL OWNER: Kansas Department of Transportation								
RR#, St. Address, Box #: P.O. Box 330  City, State, ZIP Code : Clay Center, KS 67432  Board of Agriculture, Division of Water Resources Application Number:								
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N  WELL'S STATIC WATER LEVELft.  WELL WAS USED AS:  1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well								
w s	S W S E Was a chemical/bacteriological sample submitted to Department? YesNo.X.  If yes, mo/day/yr sample was submitted							
	Water Well Disinfected: Yes NoX							
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 Reinforced Concrete Pipe  Blank casing diameter 36in. Was casing pulled? Yes X. No If yes, how much 16' Casing height above or below land surfacein.								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Flowable Fill (Concret								
Grout Plug Intervals: From								
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 ROAD DITCH 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? How many feet?								
FROM	то	PLU	GGING MATERIALS					
16	15	Flowable	Fill					
15	0	Compacte	d Clay Soil		ECEM			
					RECEIVED			
					JAN 1 0 2000	0		
				В	JREAU OF WA	ATER		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)								

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.

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