

MW-5

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. 00266800

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Barton</u>	<u>NW 1/4 NW 1/4 SW 1/4</u>	<u>32</u>	<u>19S</u>	<u>11</u> <u>EW</u>

Distance and direction from nearest town or city street address of well if located within city?

601 East Santa Fe Ellinwood KS 67526

2	WATER WELL OWNER: <u>Ellinwood Tank Service</u>	
	RR #, St. Address, Box #: <u>601 E. Santa Fe</u>	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: <u>Ellinwood KS 67526</u>	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>16.5</u> ft.										
		WELL'S STATIC WATER LEVEL <u>12</u> 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><u>10</u> Monitoring Well</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	<u>10</u> Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial
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Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>													
If yes, mo/day/yr sample was submitted													
Water Well Disinfected: Yes No <u>X</u>													

5	TYPE OF BLANK CASING USED:	
	1 Steel <u>2 PVC</u> 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)	
Blank casing diameter <u>2</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much		
Casing height above or below land surface in.		

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	<u>4 Other</u> <u>well destroyed</u>																				
Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. to ft.																									
What is the nearest source of possible contamination:																									
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Direction from well? <u>N</u> How many feet? <u>200</u>																									

FROM	TO	PLUGGING MATERIALS

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>Well destroyed, unable to locate 10-26-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>11-27-07</u> This Water Well Record was completed on (mo/day/year) <u>11-27-07</u> under the business name of <u>Green Field Contractors</u> by (signature) <u>Joan Pecoram</u>
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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, 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.