

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

AS-1

1 LOCATION OF WATER WELL: County: Barton	Fraction NE $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 31	Township Number 19S	Range Number 11W																																
Distance and direction from nearest town or city street address of well if located within city? 307 E. Santa Fe, Ellinwood, KS																																				
2 WATER WELL OWNER: Garvey Grain RR#, St. Address, Box # One Foxfield City, State, ZIP Code St. Charles, IL 60174 Board of Agriculture, Division of Water Resources Application Number:																																				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E <table border="1" style="margin: auto;"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td></td><td>NE</td></tr><tr><td></td><td style="text-align: center;">X</td><td></td></tr><tr><td>SW</td><td></td><td>SE</td></tr></table> S					NW		NE		X		SW		SE	4 DEPTH OF WELL 21.9 ft. WELL'S STATIC WATER LEVEL 14 ft. WELL WAS USED AS: <table style="width:100%;"><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> Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes No			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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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) ☒ 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 2 in. Was casing pulled? Yes ☒ No If yes, how much 3 feet Casing height above or below land surface in.																																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other Grout Plug Intervals From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>☒ 11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/ Gas well</td><td></td></tr></table> Direction from well? How many feet?					1 Septic tank	6 Seepage pit	☒ 11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		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													
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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) 2/16/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3/1/11 This Water Well Record was completed on (mo/day/yr) _____ under the business name of Nuclidht Bluestem Environmental Engineering, Inc. by (signature) _____																																				
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.																																				