

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

VE-6

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																				
County: Barton		NW ¼ NE ¼ SE ¼	31	19S	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 International, Inc. RR#, St. Address, Box # 2560 Foxfield Rd 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:		4 DEPTH OF WELL 11 ft.																																							
N X <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px; text-align: center;">X</td> </tr> <tr> <td style="padding: 5px;">SE</td> <td style="padding: 5px;"></td> </tr> </table> S W E		NW	NE	SW	X	SE		WELL'S STATIC WATER LEVEL _____ 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 Extraction Well</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 Extraction Well																		
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Was a chemical/bacteriological sample submitted to Department? Yes ____ No ____ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ____ No ____																																									
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 x 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:																																									
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Direction from well? _____		How many feet? _____																																							
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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 Bluestem Environmental Engineering, Inc. by (signature) <i>Nick Dht</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: 785-298-3585. Send one to Water Well Owner and retain one for your records.																																									