

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

AS-4

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: Barton	SE ¼ SE ¼ NW ¼	31	19S	11W																																				
Distance and direction from nearest town or city street address of well if located within city? 410 E. Santa Fe, Ellinwood, KS																																								
2 WATER WELL OWNER: Pop N Shop																																								
RR#, St. Address, Box # 410 E. Santa Fe																																								
City, State, ZIP Code Ellinwood, KS																																								
Board of Agriculture, Division of Water Resources Application Number:																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 21 ft.																																						
		WELL'S STATIC WATER LEVEL 14 ft.																																						
		WELL WAS USED AS:																																						
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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 (GR) 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 Near 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) 1/19/12 and this record is true to the best of my knowledge and belief. Kansas																																								
Water Well Contractor's License No. 1/23/12 This Water Well Record was completed on (mo/day/yr)																																								
by (signature) under the business name of Bluestem Environmental Engineering, Inc.																																								
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.																																								