

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

AS-2

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																
County: <u>Harvey</u>		<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>29</u>	<u>23</u>	<u>3W</u>																																
Distance and direction from nearest town or city street address of well if located within city? 203 West Dean Street, Burrton, KS																																					
2 WATER WELL OWNER: <u>Phil Hoskinson</u>																																					
RR#, St. Address, Box # <u>Box 138</u>			Board of Agriculture, Division of Water Resources																																		
City, State, ZIP Code <u>Burrton, KS 67020</u>			Application Number:																																		
3 MARK WELL'S LOCATION WITH AN 'X' IN SECTION BOX:		4 DEPTH OF WELL <u>32</u> ft.																																			
		WELL'S STATIC WATER LEVEL _____ ft.																																			
		WELL WAS USED AS:																																			
		<table style="width:100%; border: none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>8 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 <u>Injection Well</u></td> </tr> <tr> <td>4 Industrial</td> <td>6 Air Conditioning</td> <td>12 Other _____</td> </tr> </table>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	8 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 <u>Injection Well</u>	4 Industrial	6 Air Conditioning	12 Other _____																				
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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:																																					
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No ____ If yes, how much <u>3</u> feet																																					
Casing height above or below land surface _____ in.																																					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 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) <u>3/5/16</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>3/10/16</u> under the business name of <u>Nick Holt</u> This Water Well Record was completed on (mo/day/yr) _____ by (signature) _____ 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: 785-296-3585. Send one to Water Well Owner and retain one for your records.																																					