

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

IAS-1

1 LOCATION OF WATER WELL:	Fraction SW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 6	Township Number 23S	Range Number 5W																																				
County: Reno																																								
Distance and direction from nearest town or city street address of well if located within city? 1700 N Plum, Hutchinson, KS																																								
2 WATER WELL OWNER: Town Pump																																								
RR#, St. Address, Box # 1700 N Plum																																								
City, State, ZIP Code Hutchinson, KS 67501																																								
Board of Agriculture, Division of Water Resources Application Number:																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 25 ft.																																						
X N <table border="1" style="border-collapse: collapse; width: 150px; height: 150px;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> S W E					NW		NE				SW		SE				WELL'S STATIC WATER LEVEL 15 ft.																							
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SW		SE																																						
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 (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) 12/18/11 and this record is true to the best of my knowledge and belief. Kansas																																								
Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 12/20/11																																								
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: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																								