

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

IAS-2

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 28 ft.																																							
X N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> </table> S W E										WELL'S STATIC WATER LEVEL 15 ft.																															
WELL WAS USED AS:																																									
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Injection																																									
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 ☒ 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:																																									
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) _____																																									
Direction from well? _____ How many feet? _____																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 10%;">CODE</th> <th style="width: 70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>28</td> <td></td> <td>Bentonite grout</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	CODE	PLUGGING MATERIALS	0	28		Bentonite grout																												
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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. 12/20/11 under the business name of _____ This Water Well Record was completed on (mo/day/yr) _____ by (signature) <i>Niddert</i> 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.																																									