

MW-15

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. 00118710

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																														
	County: <u>Reno</u>	<u>NE 1/4 NW 1/4 NW 1/4</u>	<u>14</u>	<u>23</u>	<u>6</u> <span style="float:right">EW</span>																														
Distance and direction from nearest town or city street address of well if located within city? <u>1200 West 4th Street, Hutchinson, KS</u>																																			
2	WATER WELL OWNER: <u>Farmers Coop Elevator</u>																																		
	RR #, St. Address, Box #: <u>1200 W. 4th St</u>		Board of Agriculture, Division of Water Resources																																
	City, State, ZIP Code: <u>Hutchinson KS 67501</u>		Application Number:																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  <table border="1" style="margin: 10px auto; width: 150px; height: 100px; text-align: center;"> <tr><td colspan="3">N</td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>W</td><td></td><td>E</td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td colspan="3">S</td></tr> </table>		N			X			NW		NE	W		E	SW		SE	S			4 DEPTH OF WELL <u>15</u> ft.  WELL'S STATIC WATER LEVEL <u>7.4</u> 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 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....
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Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> ..... If yes, mo/day/yr sample was submitted .....  Water Well Disinfected: Yes ..... No <u>X</u> .....																																			
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> 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 <u>3</u> ft. to <u>15</u> ft.,      From ..... ft. to ..... ft.,      From ..... ft. to ..... ft.																																		
	What is the nearest source of possible contamination:																																		
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-8-10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>5-7-10</u> This Water Well Record was completed on (mo/day/year) <u>5-7-10</u> under the business name of <u>Greenfield Contractors</u> by (signature) <u>Joan P. ...</u>																																		

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.