

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

AS-1

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: <u>Stafford</u>	<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>21</u>	<u>24 S</u>	<u>15 W</u>																																				
Distance and direction from nearest town or city street address of well if located within city? <u>Hwy 50 and Main Street, Macksville, KS</u>																																								
2 WATER WELL OWNER: <u>St. John's Coop</u>																																								
RR#, St. Address, Box # <u>312 W 1st St.</u>																																								
City, State, ZIP Code <u>St. John, KS 67576</u>																																								
Board of Agriculture, Division of Water Resources																																								
Application Number:																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>33.75</u> ft.																																							
	WELL'S STATIC WATER LEVEL _____ 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 Lawn and Garden (domestic)</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 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 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:																																								
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 <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>removed 3 ft.</u>																																								
Casing height above or below land surface <u>-36</u> in.																																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																								
Grout Plug Intervals From <u>0</u> ft. to <u>33.75</u> 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>11/4/08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>11/17/08</u> under the business name of <u>Nick Holt</u> Bluestem Environmental Engineering, Inc.																																								
by (signature) _____																																								
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.																																								

RECEIVED

JAN 08 2009

BUREAU OF WATER