

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

MW-20

1 LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 NW 1/4 Section Number 22 Township Number 24 S Range Number 15 W
 County: Stafford
 Distance and direction from nearest town or city street address of well if located within city?
132 East Broadway, Macksville, KS

2 WATER WELL OWNER: Dean Kinzie
 RR#, St. Address, Box # PO Box 464
 City, State, ZIP Code Macksville, KS 67557
 Board of Agriculture, Division of Water Resources
 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
X	
NW	NE
SW	SE
S	

4 DEPTH OF WELL 62.2 ft.
WELL'S STATIC WATER LEVEL 20.82 ft.
WELL WAS USED AS:
 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 _____
 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 removed 3 ft
 Casing height above or below land surface -36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____
 Grout Plug Intervals From 0 ft. to 62.2 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit ⑪ Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess Pool 10 Livestock pens 15 Oil well/ Gas well
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	62.2		Bentonite grout

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 11/5/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. SS4 This Water Well Record was completed on (mo/day/yr) 11/17/08 under the business name of Niddt 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