

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

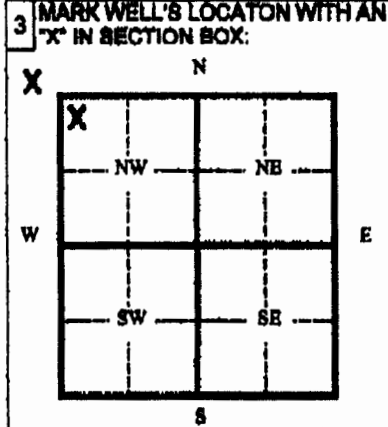
AS-1

*Corrected*

1 LOCATION OF WATER WELL: County: <b>Stafford</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section Number <b>22</b>	Township Number <b>24 S</b>	Range Number <b>15 W</b>
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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: Kinzie Corporation  
RR#, St. Address, Box # PO Box 464  
City, State, ZIP Code Macksville, KS 67557  
Board of Agriculture, Division of Water Resources  
Application Number:



4 DEPTH OF WELL **38.7** ft.  
WELL'S STATIC WATER LEVEL **20.41** 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  No \_\_\_ if yes, how much removed **3 ft.**  
Casing height above or below land surface **-34** in.

6 GROUT PLUG MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other

Grout Plug Intervals From **0** ft. to **38.7** 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	38.7		Bentonite grout

**RECEIVED**  
JAN 08 2009  
**BUREAU OF WATER**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **11/6/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **11/17/08** under the business name of **Nieldht** 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.