

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

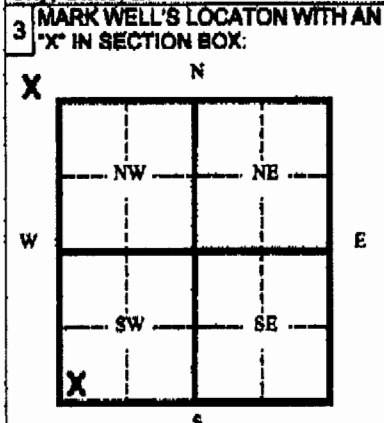
ID No.

AS-3R

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

2 WATER WELL OWNER: David Deighton
 RR#, St. Address, Box # PO Box 66
 City, State, ZIP Code: Macksville, KS 67557
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL 42.2 ft.
 WELL'S STATIC WATER LEVEL 22.32 ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 8 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 _____
 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 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	42.2		Bentonite grout

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 11/4/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 11/17/08 This Water Well Record was completed on (mo/day/yr) _____ under the business name of Bluestem Environmental Engineering, Inc.
 by (signature) [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: 785-298-3565. Send one to Water Well Owner and retain one for your records.