

*Corrected*  
AS-4R

**WATER WELL PLUGGING RECORD**

Form WWC-5P

KSA 82a-1212

ID No.

AS-4R

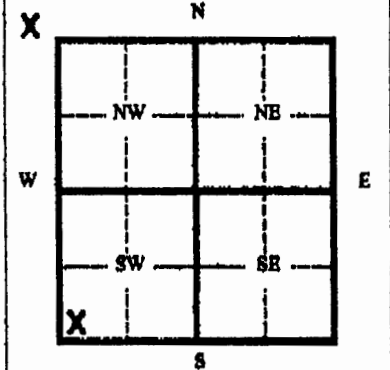
1 LOCATION OF WATER WELL: County: <b>Stafford</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section Number <b>22</b>	Township Number <b>24 S</b>	Range Number <b>15 W</b>
--	---	-----------------------------	--------------------------------	-----------------------------

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 86**  
City, State, ZIP Code **Macksville, KS 67557**

Board of Agriculture, Division of Water Resources  
Application Number:

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



4 DEPTH OF WELL **40** ft.

WELL'S STATIC WATER LEVEL **20.95** 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) | <b>11 Injection Well</b> |
| 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)
<b>2 PVC</b>	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 **40** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

- What is the nearest source of possible contamination:
- |                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | <b>11 Fuel storage</b>  | 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	40		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) **11/4/08** 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 **Neil Delt** **Bluestem Environmental Engineering, Inc.** by (signature) *Neil Delt*

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.