

Corrected

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

AS-6R

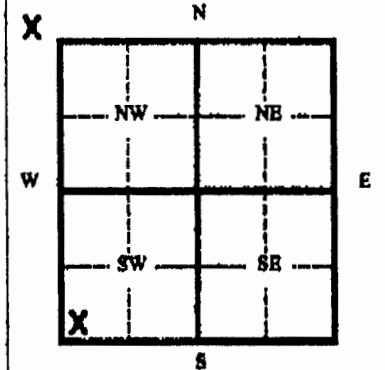
1 LOCATION OF WATER WELL: County: Stafford	Fraction SW 1/4 SW 1/4 SW 1/4	Section Number 22	Township Number 24 S	Range Number 15 W
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Distance and direction from nearest town or city street address of well if located within city?
102 East Broadway, Macksville,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

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



4 DEPTH OF WELL **39.05** ft.

WELL'S STATIC WATER LEVEL **21.45** 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 **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 **39.05** 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	39.05		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 Holt** **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: 785-298-3565. Send one to Water Well Owner and retain one for your records.