

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

SVE-9*

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																																
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: 21.9 ft.		*Well installed as SVE-9, renamed SVE-5R																																	
		WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____ Soil Vapor</td> </tr> </table>				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 _____ Soil Vapor																				
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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: 4 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 21.9 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>⑪ Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/ Gas well</td> <td></td> </tr> </table>						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													
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Direction from well? _____ How many feet? _____																																					
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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 Nilchit 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: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																					

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