

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

MW-23

1 LOCATION OF WATER WELL:		Fraction County: Finney	NW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 18	Township Number 24S	Range Number 32W																																																															
Distance and direction from nearest town or city street address of well if located within city? 705 Jones Avenue, Garden City, Kansas																																																																					
2 WATER WELL OWNER:		Del Ray Mounts RR# 1, St. Address, Box # PO Box 666 City, State, ZIP Code Garden City, KS					Board of Agriculture, Division of Water Resources Application Number:																																																														
3 MARK WELL'S LOCATION WITHIN 'X' IN SECTION BOX:		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">X</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">W</td></tr> <tr><td colspan="2"></td></tr> <tr><td colspan="2" style="text-align: center;">E</td></tr> <tr><td colspan="2"></td></tr> <tr><td colspan="2" style="text-align: center;">SW</td></tr> <tr><td colspan="2"></td></tr> <tr><td colspan="2" style="text-align: center;">SE</td></tr> <tr><td colspan="2"></td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table>					N		X		W				E				SW				SE				S		4 DEPTH OF WELL 31.8 ft. WELL'S STATIC WATER LEVEL dry ft. WELL WAS USED AS: <table style="margin-left: 20px;"> <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</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																												
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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:																																																																					
<input type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input checked="" type="radio"/> 2 PVC <input type="radio"/> 4 ABC		<input type="radio"/> 5 Wrought <input type="radio"/> 7 Fiberglass <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 8 Concrete Tile	<input type="radio"/> 9 Other (specify below) Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much 3 feet																																																																		
Casing height above or below land surface in.																																																																					
6 GROUT PLUG MATERIAL: <input type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 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:																																																																					
<input type="radio"/> 1 Septic tank <input type="radio"/> 2 Sewer lines <input type="radio"/> 3 Watertight sewer lines <input type="radio"/> 4 Lateral lines <input type="radio"/> 5 Cess Pool		<input type="radio"/> 6 Seepage pit <input type="radio"/> 7 Pit privy <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 9 Feedyard <input type="radio"/> 10 Livestock pens	<input type="radio"/> 11 Fuel storage <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 13 Insecticide storage <input type="radio"/> 14 Abandoned water well <input type="radio"/> 15 Oil well/ Gas well																																																																		
Direction from well? How many feet?																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 10%;">CODE</th> <th colspan="4" style="width: 60%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr><td>0</td><td>31.8</td><td></td><td colspan="4">Bentonite chips</td></tr> <tr><td></td><td></td><td></td><td colspan="4"></td></tr> </tbody> </table>							FROM	TO	CODE	PLUGGING MATERIALS				0	31.8		Bentonite chips																																																				
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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) 3/31/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 4/27/10 under the business name of <i>Mark H. Mounts</i> This Water Well Record was completed on (mo/day/yr) 4/27/10 by (signature) <i>Mark H. Mounts</i> Bluestem Environmental Engineering, Inc.																																																																					
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 66020-0001. Telephone: 785-296-3585. Send one to Water Well Owner and retain one for your records.																																																																					