

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

PMW-5

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, Address, Box # PO Box 666 City, State, ZIP Code Garden City, KS																																																								
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		<table border="1" style="float: left; margin-right: 10px;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td rowspan="4" style="text-align: center; vertical-align: middle;">X</td><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;"></td></tr> <tr><td style="text-align: center;"></td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table> <div style="float: left; margin-top: 10px;"> 4 DEPTH OF WELL 32.7 ft. WELL'S STATIC WATER LEVEL 32.39 ft. WELL WAS USED AS: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">1 Domestic</td><td style="width: 33%;">5 Public Water Supply</td><td style="width: 33%;">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> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input type="checkbox"/> No <input type="checkbox"/></p> </div>					N		X	NW	NE	W			E	SW	SE	S		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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5 TYPE OF BLANK CASING USED: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;">1 Steel</td><td style="width: 25%;">3 RMP (SR)</td><td style="width: 25%;">5 Wrought</td><td style="width: 25%;">7 Fiberglass</td></tr> <tr><td>2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td></tr> </table> <p>Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>3 feet</u></p> <p>Casing height above or below land surface _____ in.</p>							1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile																																												
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ <p>Grout Plug Intervals From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.</p> <p>What is the nearest source of possible contamination:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;">1 Septic tank</td><td style="width: 25%;">6 Seepage pit</td><td style="width: 25%;">11 Fuel storage</td><td style="width: 25%;">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> <p>Direction from well? _____ How many feet? _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr><th>FROM</th><th>TO</th><th>CODE</th><th>PLUGGING MATERIALS</th></tr> </thead> <tbody> <tr><td>0</td><td>32.7</td><td>Bentonite chips</td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </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	FROM	TO	CODE	PLUGGING MATERIALS	0	32.7	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) <u>3/30/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4/27/10</u> under the business name of <u>Nichols</u> This Water Well Record was completed on (mo/day/yr) <u>Bluestem Environmental Engineering, Inc.</u> 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: 785-296-3585. Send one to Water Well Owner and retain one for your records.																																																										