

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

SVE-3

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Reno	NE $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$	26	25	6W																																
Distance and direction from nearest town or city street address of well if located within city? Castleton, Kansas																																				
2 WATER WELL OWNER: Farmer's Coop Grain Company																																				
RR#, St. Address, Box # 112 W Second																																				
City, State, ZIP Code Haven, KS 67543																																				
Board of Agriculture, Division of Water Resources Application Number:																																				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 10 ft.																																		
		WELL'S STATIC WATER LEVEL _____ ft.																																		
		WELL WAS USED AS:																																		
		1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Soil Vapor Extraction																																		
		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 ☒ No ____ If yes, how much 3 feet																																				
Casing height above or below land surface _____ in.																																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 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:																																				
1 Septic tank 6 Seepage pit 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) 2 Sewer lines 7 Pit privy 3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard 5 Cess Pool 10 Livestock pens																																				
Direction from well? _____ How many feet? _____																																				
<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>3</td> <td>10</td> <td></td> <td>Bentonite grout-30% solids</td> </tr> <tr> <td>0</td> <td>3</td> <td></td> <td>Native materials</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>					FROM	TO	CODE	PLUGGING MATERIALS	3	10		Bentonite grout-30% solids	0	3		Native materials																				
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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) 9/1/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 9/8/11 under the business name of _____ by (signature) <i>Niddlet</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 66620-0001. Telephone: 785-298-3585. Send one to Water Well Owner and retain one for your records.																																				