

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

SVE-6

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: Reno	NE 1/4 NE 1/4 NW 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.																																						
N X <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px; text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> </table> W E S			X	NW	NE			SW	SE			WELL'S STATIC WATER LEVEL _____ ft.																												
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		NW	NE																																					
SW	SE																																							
WELL WAS USED AS:																																								
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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:																																								
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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:																																								
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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) 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																																								
by (signature) _____ under the business name of _____ 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.																																								