

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

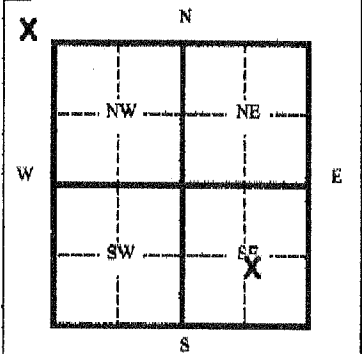
OBS-2

1	LOCATION OF WATER WELL: County: Ford	Fraction NW 1/4 SE 1/4 SE 1/4	Section Number 13	Township Number 26S	Range Number 24W
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Distance and direction from nearest town or city street address of well if located within city?
Main Street, Wright, Kansas

2 WATER WELL OWNER: Right Coop
RR#, St. Address, Box # PO Box 38, Main Street
City, State, ZIP Code Wright KS 67882
Board of Agriculture, Division of Water Resources
Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 70 ft.
WELL'S STATIC WATER LEVEL _____ ft.
WELL WAS USED AS:
1 Domestic 5 Public Water Supply 9 Dewatering
2 Irrigation 8 Oil Field Water Supply 10 Monitoring Well
3 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well
4 Industrial 8 Air Conditioning 12 Other _____
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 _____
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 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
Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	70		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 9/9/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 9/25/14 This Water Well Record was completed on (mo/day/yr) _____ under the business name of _____ 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: 785-296-3585. Send one to Water Well Owner and retain one for your records.