

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. no tag

1	LOCATION OF WATER WELL:	Fraction County: <b>Gray</b>	Section Number SE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	11	Township Number 26S	Range Number 28	Number E/W																																											
Distance and direction from nearest town or city street address of well if located within city? <b>111 E. Ave A Cimarron, KS</b>																																																		
2	WATER WELL OWNER:	Presto Convenience Stores Box 609 RR #, St. Address, Box #: Andover, KS 67002						Board of Agriculture, Division of Water Resources Application Number:																																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<table border="1" style="margin-left: 100px;"> <tr><td></td><td></td><td></td><td colspan="2">N</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td colspan="2"><input checked="" type="checkbox"/></td><td>NE</td><td></td></tr> <tr><td></td><td></td><td></td><td colspan="2"></td><td></td><td></td></tr> <tr><td colspan="3">W</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td colspan="2"></td><td>SW</td><td>SE</td></tr> <tr><td colspan="3">S</td><td></td><td></td><td></td><td></td></tr> </table>										N							<input checked="" type="checkbox"/>		NE									W												SW	SE	S						
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4	DEPTH OF WELL	44.17 ft.																																																
	WELL'S STATIC WATER LEVEL	dry ft.																																																
	WELL WAS USED AS:	<input type="checkbox"/> 1 Domestic <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 8 Air Conditioning																																																
	<input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well MW-1 <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other																																																	
	Was a chemical / bacteriological sample submitted to Department? Yes ..... No ..... <input checked="" type="checkbox"/>																																																	
	If yes, mo/day/yr sample was submitted .....																																																	
	Water Well Disinfected: Yes ..... No ..... <input checked="" type="checkbox"/>																																																	
5	TYPE OF BLANK CASING USED:	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile																																																
	Blank casing diameter	2	in.	Was casing pulled?	Yes <input checked="" type="checkbox"/>	No .....	If yes, how much	3'																																										
	Casing height above or <del>below</del> land surface 40 in.																																																	
6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3	Bentonite	4 Other	.....																																											
	Grout Plug Intervals:	From 0.5 ft.	to 44.17 ft.	From .....	ft. to .....	ft.	From .....	to .....																																										
	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	.....																																													
	SE	Direction from well?	How many feet? 120																																															
	FROM	TO	PLUGGING MATERIALS																																															
0	0.5	Concrete																																																
0.5	44.17	Bentonite Slurry																																																
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>7-8-08</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>754 735</b> This Water Well Record was completed on (mo/day/year) <b>7-16-08</b> under the business name of <b>MILCO Environmental Services, Inc.</b> by (signature) <b>Dan T. [Signature]</b>																																																	
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.																																																		