

**WATER WELL PLUGGING RECORD**

Form WWC-5P

KSA 82a-1212

ID No.

ASW

<b>1 LOCATION OF WATER WELL:</b>	Fraction	Section Number	Township Number	Range Number																																				
County: Stanton	SE 1/4 SW 1/4 SW 1/4	14	29 S	42 W																																				
Distance and direction from nearest town or city street address of well if located within city? South Highway 160, Manter, KS																																								
<b>2 WATER WELL OWNER:</b> Johnson Coop Grain - Manter																																								
RR#, St. Address, Box #		Board of Agriculture, Division of Water Resources																																						
South Highway 160		Application Number:																																						
City, State, ZIP Code		Manter, KS																																						
<b>3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF WELL</b> 83.3 ft.																																							
	WELL'S STATIC WATER LEVEL _____ ft.																																							
	WELL WAS USED AS:																																							
<table style="width:100%; border:none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>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><b>11 Injection Well</b></td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table>				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)	<b>11 Injection Well</b>	4 Industrial	8 Air Conditioning	12 Other _____																									
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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 _____																																								
<b>5 TYPE OF BLANK CASING USED:</b>																																								
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Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ If yes, how much _____ 3 feet																																								
Casing height above or below land surface _____ in.																																								
<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 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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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 9/2/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 10/21/09 under the business name of _____ This Water Well Record was completed on (mo/day/yr) _____ by (signature) _____ Bluestem Environmental Engineering, Inc.																																								
<p><b>INSTRUCTIONS:</b> 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.</p>																																								