

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

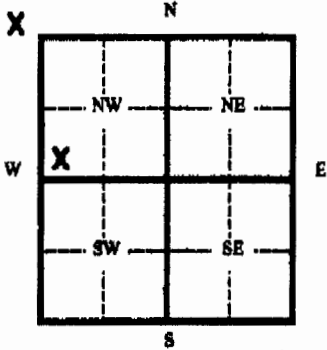
TSVE-1

1 LOCATION OF WATER WELL:	Fraction SW $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 26	Township Number 31S	Range Number 36W
County: Stevens				

Distance and direction from nearest town or city street address of well if located within city?
North Highway 56, Moscow

2 WATER WELL OWNER: Collingwood Grain, Inc
 RR#, St. Address, Box # North Highway 56
 City, State, ZIP Code Moscow, KS
 Board of Agriculture, Division of Water Resources
 Application Number:

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



4 DEPTH OF WELL 20.1 ft.
WELL'S STATIC WATER LEVEL _____ ft.
WELL WAS USED AS:

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)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other <small>Soil Vapor Extraction</small>

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	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	20.1		Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 9/23/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 10/2/09 This Water Well Record was completed on (mo/day/yr) _____ under the business name of *Nieldht* 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: 786-296-3566. Send one to Water Well Owner and retain one for your records.