

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

00168951

1 LOCATION OF WATER WELL: County: Meade	Fraction ¼ SE ¼ SW ¼ SE ¼	Section Number 3	Township Number T 32 S	Range Number 28 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	------------------------------	----------------------------	----------------------------------	--

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

923 W Carthage Ave. Meade, KS 67864

2 WATER WELL OWNER: Meade Coop Elevator
RR#, St. Address, Box #: PO Box 220
City, State ZIP Code: Meade, KS 67864

Global Positioning Systems (GPS) information:
Latitude: 37.28566119 (in decimal degrees)
Longitude: -100.349473 (in decimal degrees)
Elevation: 2511.09
Datum: WGS84, NAD83, NAD27
Collection Method:
 GPS unit (Make/Model: Trimble GeoXT)
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

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

N		
—		—
NW		NE
—		—
W		E
—		—
SW		SE
—		—
S		

4 DEPTH OF WELL UNK ft.
WELL'S STATIC WATER LEVEL UNK ft.
WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other MW8
Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much _____
Casing height above or below land surface UNK in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From UNK ft. to UNK ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below)
 Sewer lines Pit privy Fertilizer storage Lust Site
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	1	Well Destroyed at Surface			
					MW8

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/12/2014 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 4/4/2014 under the business name of Coranco Great Plains Inc. by (signature) _____

INSTRUCTIONS: Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: White Copy Blue Copy Pink Copy