

00334307

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

1 LOCATION OF WATER WELL: County: Meade Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ <u>923 W Carthage Ave. Meade, KS 67864</u>	Fraction <u>1/4 NW 1/4 NE 1/4 NE 1/4</u> Section Number <u>10</u> Township Number <u>T 32 S</u> Range Number <u>28</u> ☐ E ☒ W	Global Positioning Systems (GPS) information: Latitude: <u>37.28467335</u> (in decimal degrees) Longitude: <u>-100.3493161</u> (in decimal degrees) Elevation: <u>2509.01</u> Datum: ☒ WGS84, ☐ NAD83, ☐ NAD27 Collection Method: ☒ GPS unit (Make/Model: <u>Trimble GeoXT</u>) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☒ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m																																																
2 WATER WELL OWNER: Meade Coop Elevator RR#, St. Address, Box #: <u>PO Box 220</u> City, State ZIP Code: <u>Meade, KS 67864</u>																																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>50.08</u> ft. WELL'S STATIC WATER LEVEL <u>Dry</u> ft WELL WAS USED AS: ☐ Domestic ☐ Irrigation ☐ Feedlot ☐ Industrial ☐ Public Water Supply ☐ Oil Field Water Supply ☐ Domestic (Lawn & Garden) ☐ Air Conditioning ☐ Dewatering ☒ Monitoring ☐ Injection Well ☐ Other <u>MW32</u> Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒																																																	
5 TYPE OF BLANK CASING USED: ☐ Steel ☒ PVC ☐ RMP (SR) ☐ ABS ☐ Wrought ☐ Asbestos-Cement ☐ Fiberglass ☐ Concrete Tile ☐ Other (Specify below) _____ Blank casing diameter <u>2</u> in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____ Casing height above or below land surface <u>-36</u> in.																																																		
6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____ Grout Plug Intervals: From <u>3</u> ft. to <u>50.08</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Sewer lines ☐ Watertight sewer lines ☐ Lateral lines ☐ Cess pool ☐ Seepage pit ☐ Pit privy ☐ Sewage lagoon ☐ Feedyard ☐ Livestock pens ☐ Fuel Storage ☐ Fertilizer storage ☐ Insecticide storage ☐ Abandoned water well ☐ Oil well/Gas well ☒ Other (specify below) <u>Lust Site</u> Direction from well? _____ How many feet? _____																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Native Surface</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>50.08</td> <td>Bentonite Grout</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>MW32</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	0	3	Native Surface				3	50.08	Bentonite Grout															MW32																		
FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS																																													
0	3	Native Surface																																																
3	50.08	Bentonite Grout																																																
					MW32																																													
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3/12/2014</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>594</u> . This Water Well Record was completed on (mo/day/year) <u>4/4/2014</u> under the business name of <u>Coranco Great Plains Inc.</u> 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