٧	VATER WEI	LL PLUGO	SING RECORD	Form WWC-5P	KSA 82e-1212	ID No. MW-2	
•	on of wate Mea	R WELL:	Fraction NE 1/4 NV	V 1/4 NE 1/4	Section Number 11	Township Number 32S	Range Number 28W
Distance s	ind direction	from nes	rest town or city stree		cated within city?		
2 WATER	WELL OWN	ER: Meade	623 E. Carthage, Mea	ide, KS 6/864			
RR#, St. A	ddress, Box	# 623 Eas	t Carthage St.			of Agriculture, Division	n of Water Resources
City, State	, ZIP Code ÆLL'S LOCA	Meade,			The second secon	ation Number:	
3 X IN SI	ECHON BOX		DEPTH OF W	ELL 19.9	<b>f</b> .		
x	N		WELL'S STAT	IC WATER LEVEL	ft.		
	NW .	X NE	WELL WAS U	SED AS:			
F	ì	i	1 Dom	estic 5 Publ	ic Water Supply	2 Dewateri	ng
w			E 2 Imige		leid Water Supply	(10)Monitorin	-
			3 feed 4 Indu		n and Garden (domesti Conditioning		vveil
	sw	. SE					
	j				ibmitted to Department		MV
L	<u> </u>	<u> </u>	Water Well Disinfe			**********	
S TYPE O	S F BLANK CA	SING USE	D:				
1 Stee	ı	3 FUMP (\$8	R) 5 Wrought	7 Fiberglass		pacify below)	
②PVC		4 ABC	5 Asbestos-Ce	ement 8 Concrete T	ile	uch 3 f	
					) II yes, IIOW III	TUCH!	
			id surface				
B GROUT	PLUG MATI	ERIAL: 1	Neat cement 2 Cem	ent grout 3 Ber	ntonite 4 Othe	¥	= 4 = 4 = 5 = 6 = 6 = 6 = 6 = 6 = 6 = 6 = 6 = 6
Grout P	tug Intervals	From	ft. to	ft, From	ft. to	ft. From	ft. to ft.
What is	the nearest s	ource of po	ossible contamination:				
1 500	otic tank		6 Seepage pit	(11)Fuel s	dorana	16 Other (specify b	naiche)
2 Sewer lines			7 Pit privy	_	ter storage	to other (openity i	,41417)
3 Watertight sewer lines			8 Sewage lagoon		icide storage	***********	
4 Lati	eral lines		9 Feedyard	14 Aband	loned water well		
5 Cee	ıs Pool		10 Livestock pens	15 Oil we	W Gas well		
Direction fro	m well?		******	How many t	9et?		
FROM	TO	CODE	PLU				
0	3'			Native			
3'	19.9'		Be	Bentonite Chips			
7 CON	TRACTOR'S	OR LAND	OWNER'S CERTIFICA	TION: This water well	was plugged under n	ny jurisdiction and was o	±ompieted
	no/day/yr)					best of my knowledge	
Wate	r Well Cont		cense No.		This Water Well	Record was completed	i on (mo/day/yr)
	4/15	5/14	under the busin	ess name of	Bluestem	Environmental Engineering,	Inc.
_	(signature)			Vink		*********	
INST	RUCTIONS	Please f	ill in blanks and circle	the correct answer	rs. Send three cop	ies to Kansas Depart	ment of Health and
ELIVIC C			wner and retain one	9UN JL, JUG. 44U,	vpeka, Naksas 000	20-0001. Telephone:	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・