

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

MW-4

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: <u>Meade</u>	<u>NE 1/4 NW 1/4 NE 1/4</u>	<u>11</u>	<u>32S</u>	<u>28W</u>																																				
Distance and direction from nearest town or city street address of well if located within city? <u>623 E. Carthage, Meade, KS 67864</u>																																								
2 WATER WELL OWNER: <u>Meade Municipal Plant</u>																																								
RR#, St. Address, Box # <u>623 East Carthage St.</u>																																								
City, State, ZIP Code <u>Meade, KS 67864</u>																																								
Board of Agriculture, Division of Water Resources																																								
Application Number: _____																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>20.1</u> ft.																																						
<div style="text-align: center;"> </div>		WELL'S STATIC WATER LEVEL _____ ft.																																						
		WELL WAS USED AS:																																						
		<table style="width:100%;"> <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>11 Injection Well</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)	11 Injection Well	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 _____																																								
5 TYPE OF BLANK CASING USED:																																								
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>x</u> 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 <u>3 Bentonite</u> 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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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>3/25/14</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4/15/14</u> This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>Bluestem Environmental Engineering, Inc.</u> by (signature) <u>[Signature]</u>																																								
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: 785-298-3585. Send one to Water Well Owner and retain one for your records.																																								