

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

MW-7

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Meade	NE ¼ NW ¼ NE ¼	11	32S	28W																																
Distance and direction from nearest town or city street address of well if located within city? 623 E. Carthage, Meade, KS 67864																																				
2 WATER WELL OWNER: Meade Municipal Plant																																				
RR#, St. Address, Box # 623 East Carthage St.																																				
City, State, ZIP Code : Meade, KS 67864																																				
Board of Agriculture, Division of Water Resources																																				
Application Number:																																				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 20.2 ft.																																			
<div style="text-align: center;"> X N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px; text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> </table> S W E </div>		X	NW	NE			SW	SE			WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning </div> <div> 9 Dewatering <input checked="" type="radio"/> 10 Monitoring Well 11 Injection Well 12 Other _____ </div> </div>																									
		X																																		
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SW	SE																																			
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) <input checked="" type="radio"/> 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile																																				
Blank casing diameter _____ 2 _____ in. Was casing pulled? Yes <input checked="" type="checkbox"/> 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 <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 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? _____																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:15%;">CODE</th> <th style="width:55%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3'</td> <td></td> <td>Native</td> </tr> <tr> <td>3'</td> <td>20.2'</td> <td></td> <td>Bentonite Chips</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	CODE	PLUGGING MATERIALS	0	3'		Native	3'	20.2'		Bentonite Chips																				
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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) 3/26/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 4/15/14 This Water Well Record was completed on (mo/day/yr) _____ under the business name of _____ by (signature) <i>Nick Hart</i> Bluestem Environmental Engineering, Inc.																																				
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: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																				