

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

MW-10

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																
County: Meade		NE 1/4 NW 1/4 NE 1/4	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 #			Board of Agriculture, Division of Water Resources																																		
City, State, ZIP Code			Application Number:																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF WELL 24 ft.																																		
<div style="text-align: center;"> </div>			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 10 Monitoring Well 11 Injection Well 12 Other </div> </div>																																		
			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) 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 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:																																					
<div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well </div> <div> 16 Other (specify below) _____ </div> </div>																																					
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>24.0'</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'	24.0'		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) 3/25/14 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) _____ 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: 785-298-3565. Send one to Water Well Owner and retain one for your records.																																					