

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

MW-12

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 25 ft.																																										
			WELL'S STATIC WATER LEVEL _____ ft.																																										
			WELL WAS USED AS:																																										
			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 _____																																										
			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 x 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:																																													
1 Septic tank                      6 Seepage pit                      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>25.0'</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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	CODE	PLUGGING MATERIALS	0	3'		Native	3'	25.0'		Bentonite Chips																								
FROM	TO	CODE	PLUGGING MATERIALS																																										
0	3'		Native																																										
3'	25.0'		Bentonite Chips																																										
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 _____ Bluestem Environmental Engineering, Inc. by (signature) _____																																													
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.																																													