

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

MW-13

| <b>1 LOCATION OF WATER WELL:</b>   | 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?<br>623 E. Carthage, Meade, KS 67864  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> Meade Municipal Plant<br>RR#, St. Address, Box # 623 East Carthage St.<br>City, State, ZIP Code Meade, KS 67864   |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Board of Agriculture, Division of Water Resources</b><br>Application Number:  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>  | <b>4 DEPTH OF WELL</b> 30.4 ft.   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>WELL'S STATIC WATER LEVEL</b> _____ ft.  |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>WELL WAS USED AS:</b>  |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <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        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 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 ____<br>If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected: Yes ____ No ____  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF BLANK CASING USED:</b>  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below)<br>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.  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT PLUG MATERIAL:</b> 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:  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>⑪ Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/ Gas well</td> <td></td> </tr> </table>             |   |                         |                          |              | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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>FROM</th> <th>TO</th> <th>CODE</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3'</td> <td></td> <td>Native</td> </tr> <tr> <td>3'</td> <td>30.4'</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'                       | 30.4'           |                        | Bentonite Chips |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM   | TO  | CODE                    | PLUGGING MATERIALS       |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0  | 3'  |                         | Native                   |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3'   | 30.4'   |                         | Bentonite Chips          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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.  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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.  |   |                         |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                 |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |