

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

PR-2

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 23.2 ft.																																		
		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>8 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>6 Air Conditioning</td> <td>12 Other _____</td> </tr> </table>			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	8 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	6 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:																																				
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:																																				
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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) 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) <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.																																				