

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

PR-5

<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? 623 E. Carthage, Meade, KS 67864																																				
<b>2 WATER WELL OWNER:</b> Meade Municipal Plant																																				
<b>RR#, St. Address, Box #</b> 623 East Carthage St.			<b>Board of Agriculture, Division of Water Resources</b>																																	
<b>City, State, ZIP Code</b> Meade, KS 67864			<b>Application Number:</b>																																	
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF WELL</b> 23.4 ft.																																		
<div style="text-align: center;"> </div>		<b>WELL'S STATIC WATER LEVEL</b> _____ ft.																																		
		<b>WELL WAS USED AS:</b>																																		
		<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 <b>10 Monitoring Well</b> 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 _____																																		
<b>5 TYPE OF BLANK CASING USED:</b>																																				
1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below) <b>2 PVC</b> 4 ABC      6 Asbestos-Cement      8 Concrete Tile Blank casing diameter <u>2</u> in.      Was casing pulled? Yes <u>X</u> 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 <b>3 Bentonite</b> 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> <b>11 Fuel storage</b> 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:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3'</td> <td></td> <td>Native</td> </tr> <tr> <td>3'</td> <td>23.4'</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'	23.4'		Bentonite Chips																				
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>3/25/14</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4/15/14</u> This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>Bluestem Environmental Engineering, Inc.</u> by (signature) <u>Nick Holt</u>																																				
<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: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																				