

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

PR-6

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 # 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 25.8 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 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: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>25.8'</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'	25.8'		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) _____																																					
by (signature) <i>Nick Holt</i> under the business name of 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.																																					