

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

PR-9

<b>1 LOCATION OF WATER WELL:</b>	Fraction <b>NE 1/4 NW 1/4 NE 1/4</b>	Section Number <b>11</b>	Township Number <b>32S</b>	Range Number <b>28W</b>																																				
County: <b>Meade</b>																																								
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																																								
RR#, St. Address, Box # 623 East Carthage St.																																								
City, State, ZIP Code: Meade, KS 67864																																								
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>																																								
<div style="text-align: center;"> </div>		<b>4 DEPTH OF WELL</b> 26.4 ft.																																						
		<b>WELL'S STATIC WATER LEVEL</b> _____ ft.																																						
<b>WELL WAS USED AS:</b>																																								
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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 _____																																								
<b>5 TYPE OF BLANK CASING USED:</b>																																								
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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 <u>3</u> 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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<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>3/26/14</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: 785-298-3565. Send one to Water Well Owner and retain one for your records.																																								