

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

PR-13

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;"> N X <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;">NW</td> <td style="width: 50px; height: 50px;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px;">SW</td> <td style="width: 50px; height: 50px;">SE</td> </tr> </table> S W E </div>		NW	NE	SW	SE	WELL'S STATIC WATER LEVEL _____ ft.																															
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		SW	SE																																		
		WELL WAS USED AS:																																			
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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:																																					
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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.																																					
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) 3/26/14 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 _____ Bluestem Environmental Engineering, Inc.																																					
by (signature) <i>Nick Hart</i>																																					
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: 785-296-3585. Send one to Water Well Owner and retain one for your records.																																					