

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

VP-3

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 12.1 ft.																																							
	WELL'S STATIC WATER LEVEL _____ ft.																																							
	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:																																								
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) _____ 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: 785-298-3565. Send one to Water Well Owner and retain one for your records.																																								