

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

VP-9

1 LOCATION OF WATER WELL: County: Meade	Fraction NE ¼ NW ¼ NE ¼	Section Number 11	Township Number 32S	Range Number 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: <div style="text-align: center;"> </div>		4 DEPTH OF WELL 18.2 ft. 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 <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: <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> ⑪ Fuel storage 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>18.2'</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'	18.2'		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) _____ under the business name of Bluestem Environmental Engineering, Inc. by (signature) <i>Nutdht</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: 785-298-3585. Send one to Water Well Owner and retain one for your records.																																				