

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

VP-14

<b>1 LOCATION OF WATER WELL:</b>	<b>Fraction</b>	<b>Section Number</b>	<b>Township Number</b>	<b>Range Number</b>																																
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																																				
<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>Board of Agriculture, Division of Water Resources</b>																																				
<b>Application Number:</b>																																				
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF WELL</b> 12.4 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>																																				
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.																																				
<b>6 GROUT PLUG MATERIAL:</b> 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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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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>Nick Holt</i>																																				
<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: 785-298-3585. Send one to Water Well Owner and retain one for your records.																																				