

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

VP-34

<b>1 LOCATION OF WATER WELL:</b>	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																																								
<b>2 WATER WELL OWNER:</b> 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:																																								
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF WELL</b> 18.6 ft.																																						
<div style="text-align: center;"> </div>		<b>WELL'S STATIC WATER LEVEL</b> _____ ft.																																						
		<b>WELL WAS USED AS:</b>																																						
		<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 ____																																						
<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 <input checked="" type="checkbox"/> 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:																																								
1 Septic tank      6 Seepage pit      11 Fuel storage      16 Other (specify below) 2 Sewer lines      7 Pit privy      12 Fertilizer storage 3 Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage 4 Lateral lines      9 Feedyard      14 Abandoned water well 5 Cess Pool      10 Livestock pens      15 Oil well/ Gas well																																								
Direction from well? _____ How many feet? _____																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>6"</td> <td></td> <td>Concrete</td> </tr> <tr> <td>6"</td> <td>3'</td> <td></td> <td>Native</td> </tr> <tr> <td>3'</td> <td>18.6'</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	6"		Concrete	6"	3'		Native	3'	18.6'		Bentonite Chips																				
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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) 3/26/14 and this record is true to the best of my knowledge and belief. Kansas																																								
Water Well Contractor's License No. 4/15/14 under the business name of _____ This Water Well Record was completed on (mo/day/yr) _____																																								
by (signature) <i>Nick Holt</i> 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: 785-296-3585. Send one to Water Well Owner and retain one for your records.																																								