

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

VP-35

| 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 18.2 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NW | NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABC</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> | | | | | 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (specify below) | 2 PVC | 4 ABC | 6 Asbestos-Cement | 8 Concrete Tile | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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? _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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>18.2'</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 | 6" | | Concrete | 6" | 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) 3/26/14 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 Hart</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: 785-296-3565. Send one to Water Well Owner and retain one for your records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |