

WATER WELL PLUGGING RECORD

Form WWC-5P

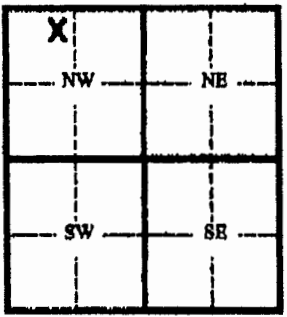
KSA 82a-1212

ID No.

MW-03A

1 LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 NW 1/4 Section Number 15 Township Number 3S Range Number 19W
 County: Phillips
 Distance and direction from nearest town or city street address of well if located within city?
Main Street, Stuttgart, KS

2 WATER WELL OWNER: Stuttgart Oil Company
 RR#, St. Address, Box # _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Stuttgart, KS 67670 Application Number: _____

3 MARK WELL'S LOCATOR WITH AN "X" IN SECTION BOX:


4 DEPTH OF WELL 35 ft.
 WELL'S STATIC WATER LEVEL 30 ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 8 Oil Field Water Supply 10 **Monitoring Well**
 3 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other _____
 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 removed 3ft.
 Casing height above or below land surface -36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 Other _____
 Grout Plug Intervals From 0 ft. to 35 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? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	35		Bentonite grout

RECEIVED
 JAN 08 2009
BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 10/9/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 10/22/08 under the business name of Nick Holt Bluestem Environmental Engineering, Inc.
 by (signature) _____

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: 785-296-3566. Send one to Water Well Owner and retain one for your records.