

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

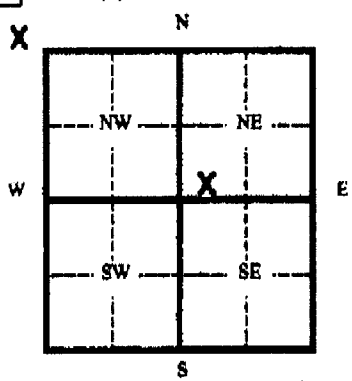
AS-2

|                                      |                |                 |              |
|--------------------------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: Fraction   | Section Number | Township Number | Range Number |
| County: Rawlins SE 1/4 SW 1/4 NE 1/4 | 8              | 3 S             | 33 W         |

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Farmer's Coop  
 RR#, St. Address, Box # 203 State Street  
 City, State, ZIP Code Atwood, KS 67730  
 Board of Agriculture, Division of Water Resources  
 Application Number:

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



4 DEPTH OF WELL 38 ft.

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft.

WELL WAS USED AS:

|              |                              |                    |
|--------------|------------------------------|--------------------|
| 1 Domestic   | 5 Public Water Supply        | 9 Dewatering       |
| 2 Irrigation | 6 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  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:

|                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 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    | 38 |      | Bentonite chips    |
|      |    |      |                    |
|      |    |      |                    |
|      |    |      |                    |
|      |    |      |                    |
|      |    |      |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 11/8/15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 11/18/15 under the business name of Bluestem Environmental Engineering, Inc. by (signature) *Nick Hart*

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.