

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

SVE-04

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																				
County: Thomas		NE ¼ SE ¼ SW ¼	31	7S	33W																																				
Distance and direction from nearest town or city street address of well if located within city? 190 W. 4th, Colby, KS																																									
2 WATER WELL OWNER: Pyramid Oil																																									
RR#, St. Address, Box #																																									
City, State, ZIP Code : Colby, KS 67701																																									
Board of Agriculture, Division of Water Resources Application Number:																																									
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 74 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 _____ Soil Vapor																																							
		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 4 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ If yes, how much 3 ft.																																									
Casing height above or below land surface -36 in.																																									
6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    ③ Bentonite    ④ Other well sand																																									
Grout Plug Intervals From 0 ft. to 64 ft. From 64 ft. to 74 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 style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>64</td> <td></td> <td>Bentonite grout</td> </tr> <tr> <td>64</td> <td>74</td> <td></td> <td>Well Sand</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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	CODE	PLUGGING MATERIALS	0	64		Bentonite grout	64	74		Well Sand																								
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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) 7/17/08 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) 7/29/08 under the business name of _____ 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: 785-298-3585. Send one to Water Well Owner and retain one for your records.																																									

RECEIVED

JAN 08 2009

BUREAU OF WATER