WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. DO179869

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range	Number	
Cou	nty: Rooks	NE" NW " NE"	32	95	20	6VV	
Dista	ance and direction from nearest town o	r city street address of well if loc	ated within city?				
2		100, KS 676	57				
Do B O							
City, State, ZIP Code : Plainville, KS 67663 Application Number:							
3	MIAIR VILLE LOCATION WITH						
	AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 3.5 ft.						
	X	WELL WAS USED AS:		٠.			
-	NE NE	1 Domestic	5 Public Water Supply6 Oil Field Water Supp				
W		2 Irrigation 3 Feedlot	7 Domestic (Lawn & G	arden) 11 Injection	Well		
		4 maaana	8 Air Conditioning		······································		
Was a chemical / bacteriological sample submitted to Department? Yes							
L		Water Well Disinfected: Ye	es NoX				
-	S S S S S S S S S S S S S S S S S S S	<u> </u>			·····		
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
	Blank casing diameter in. Casing height above or below land s	Was casing pulled?		If yes, how me	uch3		
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From							
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 10 Other (specify below)							
2 Sewer lines 3 Watertight sewer lines		7 Pit privy 12 Fertilizer storage		Hydraulic oil			
	4 Lateral lines 5 Cess pool	8 Sewage lagoon 9 Feedyard	14 Abandoned water v				
	Direction from weil?	10 Livestock pens	feet?7.5				
FF		LUGGING MATERIALS					
) 3 Native	material					
	3' 40' Benton	ite chips		RECEN	/En		
				NOV 14 2	008		
				BUREAU OF			
					MAIER		
7	CONTRACTORIS OF LANDSWILL	EDIO CERTIFICATION: THE	woter well was alvested	under my leviadieties	and was	mmlated as	
	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
	11~13-08 under t	ne business name of 🖒 🚓	ntield Contrac	tors		w/day/year)	
by (signature)							

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.