

Equus Beds Groundwater Management District No. 2 Abandoned Well Plugging Agreement

I, _____, the undersigned and owner of an abandoned water well understand that an abandoned water well is a groundwater contamination threat and a public health and safety hazard.

The abandoned water well is located _____, _____, _____, Section _____, Township _____ South, Range _____ West, _____ County which is approximately _____ feet north and _____ feet west of the apparent _____ section corner. Total well depth is _____ feet and the diameter of the well is _____ inches. Current depth to static water level in the well is _____ feet below land surface. The well was previously authorized by water permit no. _____.

I agree to properly plug the abandoned well pursuant to the Equus Beds Groundwater Management District rules and regulations K.A.R. 28-30-200 through K.A.R. 28-30-207 and the following agreement provisions:

1. Well plugging operations will be supervised by either (a) a water well contractor licensed with the Kansas Department of Health and Environment, (b) a profession engineer or geologist licensed to practice in the State of Kansas, or (c) the abandoned water well owner or land owner of the property on which the water well or borehole is located.
2. The above described well will be plugged: a) by _____, 20____, or b) within 30 days after the replacement well, approved by a change in point of diversion, becomes operational.
3. A completed WWC-5P form will be submitted to the Kansas Department of Health and Environment within 30 days after the abandoned well is plugged and a copy of the WWC-5P form will be furnished to the District within the same period of time.
4. The well owner or authorized agent will notify the District 48 hours before plugging operations occur.
5. Failure to comply with the provisions of this agreement shall constitute noncompliance of the groundwater management district rules and regulations K.A.R. 28-30-200 through K.A.R. 28-30-207.

Dated this _____ day of _____, 20__ at _____

Signature: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

State of Kansas County of _____

Subscribed and affirmed to before me this _____ day of _____, 20____,

by _____
(Notary Public)

My Commission Expires _____