

**CORRECTED:**

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO. \_\_\_\_\_

1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: Jackson NW 1/4 SW 1/4 SW 1/4 21 9 14 E/W

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

2 WATER WELL OWNER: Scott Albright 7/6/05  
 RR #, St. Address, Box #: 11242 J Rd Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Delia, KS 66418 Application Number:

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

N	
NW	NE
X	
SW	SE
S	

W E

4 DEPTH OF WELL ..... 15 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 10 ..... 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 Domestic (Lawn & Garden) 11 Injection Well  
 4 Industrial 8 Air Conditioning 12 Other not used  
 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) stone/rock  
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile  
 Blank casing diameter 48 in. Was casing pulled? Yes  No ..... If yes, how much 6 ft  
 Casing height above or below land surface 12 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Plug Intervals: From 5.5 ft. to 5 ft., From ..... ft. to ..... ft., From ..... 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? 8-SW 10-NW How many feet? 8-225ft 10-10ft

FROM	TO	PLUGGING MATERIALS
15	10	sand
10	5.5	clay soil + rock liner
5.5	5	bentonite
5	0	clay soil

RECEIVED  
 JUL 06 2005  
 BUREAU OF WATER

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/21/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) ..... under the business name of .....  
 by (signature) Scott Albright

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.