

WATER WELL PLUGGING RECORD

FORM WWC-5P

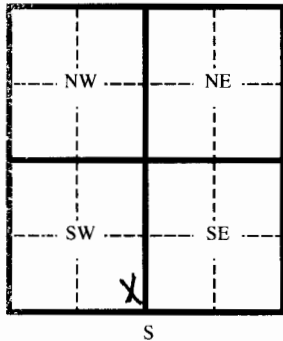
KSA 82a-1212

LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Graham	SE 1/4 SE 1/4 SW 1/4	8	10	24 W

Distance and direction from nearest town or city street address of well if located within city?
3 miles east of St. Peter, 1 north, 1/2 east

WATER WELL OWNER: **Wilfred Dreiling**
 RR#, St. Address, Box # **1400 170th Ave**
 City, State, ZIP Code : **Penokee, KS 67659**
 Board of Agriculture, Division of Water Resources
 Application Number:

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



DEPTH OF WELL **75** ft.
 WELL'S STATIC WATER LEVEL **30** ft.

WELL WAS USED AS:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> 9 Dewatering |
| <input type="checkbox"/> 2 Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> 10 Monitoring Well |
| <input type="checkbox"/> 3 Feedlot | <input type="checkbox"/> 7 Lawn and Garden (domestic) | <input type="checkbox"/> 11 Injection Well |
| <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> | <input type="checkbox"/> 12 Other |

Was a chemical/bacteriological sample submitted to Department? Yes ___ No **X**
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes **X** No ___

TYPE OF BLANK CASING USED:

- | | | | | |
|---|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 5 Wrought | <input type="checkbox"/> 7 Fiberglass | <input type="checkbox"/> 9 Other (specify below) |
| <input type="checkbox"/> 2 PVC | <input type="checkbox"/> 4 ABC | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 8 Concrete Tile | |

Blank casing diameter **4.5** in. Was casing pulled? Yes ___ No **X** If yes, how much _____

Casing height above or below land surface **-36** in.

GROUT PLUG MATERIAL: Neat cement Cement grout **Bentonite** Other

Grout Plug Intervals From **3** ft. to **6** ft. From **27** ft. to **30** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 6 Seepage pit | <input type="checkbox"/> 11 Fuel storage | <input type="checkbox"/> 16 Other (specify below) |
| <input type="checkbox"/> 2 Sewer lines | <input type="checkbox"/> 7 Pit privy | <input type="checkbox"/> 12 Fertilizer storage | |
| <input type="checkbox"/> 3 Watertight sewer lines | <input type="checkbox"/> 3 Sewage lagoon | <input type="checkbox"/> 13 Insecticide storage | |
| <input type="checkbox"/> 4 Lateral lines | <input type="checkbox"/> 3 Feedyard | <input type="checkbox"/> 14 Abandoned water well | |
| <input type="checkbox"/> 5 Cess Pool | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 15 Oil well/ Gas well | |

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	3		Clay
3	6		Bentonite
6	27		Clay
27	30		Bentonite
30	75		Chlorinated sand

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **9/28/10** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554/783** This Water Well Record was completed on (mo/day/yr) **10/4/10** under the business name of **Woolter Pump & Well Inc.**
 by (signature) *James C. Woolter*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.