

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

IW-9

1 LOCATION OF WATER WELL: County: <u>Thomas</u>	Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>14</u>	Township Number <u>10</u>	Range Number <u>32</u>																																				
Distance and direction from nearest town or city street address of well if located within city? <u>JJ Oil Company (Oakley)</u>																																								
2 WATER WELL OWNER: <u>JJ Oil Company #6</u> RR#, St. Address, Box # _____ City, State, ZIP Code: <u>Oakley, KS 67748</u>																																								
Board of Agriculture, Division of Water Resources Application Number: _____																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N X NW NE W X E SW SE S</div>		4 DEPTH OF WELL <u>93</u> ft. WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>8 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>(11) Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No _____			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	8 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	(11) Injection Well	4 Industrial	8 Air Conditioning	12 Other _____																								
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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 <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>removed 3 feet</u> Casing height above or below land surface <u>-36</u> in.																																								
6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    (3) Bentonite    4 Other _____ Grout Plug Intervals From <u>0</u> ft. to <u>93</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <table style="width:100%; border: none;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/ Gas well</td> <td></td> </tr> </table> Direction from well? _____ How many feet? _____					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																	
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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) <u>6/27/07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>7/2/07</u> under the business name of <u>Woofter Pump and Well</u> by (signature) <u>Joy Wofford</u>																																								
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.																																								

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