

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

VEW-7

<b>1 LOCATION OF WATER WELL:</b>	<b>Fraction</b>	<b>Section Number</b>	<b>Township Number</b>	<b>Range Number</b>																																				
County: Thomas	SW 1/4 SW 1/4 NW 1/4	14	10	32																																				
Distance and direction from nearest town or city street address of well if located within city? JJ Oil Company (Oakley)																																								
<b>2 WATER WELL OWNER:</b> JJ Oil Company #6																																								
RR#, St. Address, Box #																																								
City, State, ZIP Code : Oakley, KS 67748																																								
Board of Agriculture, Division of Water Resources Application Number:																																								
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF WELL</b> 39.5 ft.																																						
<div style="text-align: center;"> X N  <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table>  S  W      E </div>				NW	NE	X		SW	SE	WELL'S STATIC WATER LEVEL _____ ft.																														
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		X																																						
SW	SE																																							
WELL WAS USED AS:																																								
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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 _____																																								
<b>5 TYPE OF BLANK CASING USED:</b>																																								
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Blank casing diameter <u>4</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much removed <u>3 ft</u>																																								
Casing height above or below land surface <u>-36</u> in.																																								
<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____																																								
Grout Plug Intervals From <u>0</u> ft. to <u>39.5</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																								
What is the nearest source of possible contamination:																																								
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Direction from well? _____ How many feet? _____																																								
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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>Woofer Pump and Well</u> by (signature) <u>Joy Woffe</u>																																								
<b>INSTRUCTIONS:</b> 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.																																								