

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: Thomas	NW ¼ SW ¼ SW ¼	30	10	33																																				
Distance and direction from nearest town or city street address of well if located within city? So of Colby county line 1 mile E, 1 South																																								
2 WATER WELL OWNER: Keith Reed																																								
RR#, St. Address, Box # 303 K-25																																								
City, State, ZIP Code : Monument, Ks 67747																																								
Board of Agriculture, Division of Water Resources Application Number: 20040145																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 190 ft.																																						
<div style="text-align: center;">N</div> <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="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div>				NW	NE			SW	SE	WELL'S STATIC WATER LEVEL 132 ft.																														
		NW	NE																																					
SW	SE																																							
WELL WAS USED AS:																																								
<div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply <input checked="" type="checkbox"/> 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div>																																								
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input checked="" type="checkbox"/> No _____																																								
5 TYPE OF BLANK CASING USED:																																								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile																																								
Blank casing diameter 4.5 in. Was casing pulled? Yes _____ No _____ If yes, how much _____																																								
Casing height above or below land surface -36 in.																																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																								
Grout Plug Intervals From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																								
What is the nearest source of possible contamination:																																								
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 Septic tank</div> <div style="width: 33%;">6 Seepage pit</div> <div style="width: 33%;">11 Fuel storage</div> <div style="width: 33%;">16 Other (specify below)</div> <div style="width: 33%;">2 Sewer lines</div> <div style="width: 33%;">7 Pit privy</div> <div style="width: 33%;">12 Fertilizer storage</div> <div style="width: 33%;"></div> <div style="width: 33%;">3 Watertight sewer lines</div> <div style="width: 33%;">8 Sewage lagoon</div> <div style="width: 33%;">13 Insecticide storage</div> <div style="width: 33%;"></div> <div style="width: 33%;">4 Lateral lines</div> <div style="width: 33%;">9 Feedyard</div> <div style="width: 33%;">14 Abandoned water well</div> <div style="width: 33%;"></div> <div style="width: 33%;">5 Cess Pool</div> <div style="width: 33%;">10 Livestock pens</div> <div style="width: 33%;">15 Oil well/ Gas well</div> </div>																																								
Direction from well? _____ How many feet? _____																																								
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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) 6-21-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 7-23-04 under the business name of Woofert Pump & Well, Inc. by (signature) <i>[Signature]</i>																																								
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.																																								