

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Thomas	E 1/2 W 1/2 SW 1/4	31	10	33 W																																
Distance and direction from nearest town or city street address of well if located within city?																																				
2 WATER WELL OWNER Jon Friesen																																				
RR#, St. Address, Box # 1065 Maize Rd																																				
City, State, ZIP Code : Colby, KS 67701																																				
Board of Agriculture, Division of Water Resources Application Number: 20050065																																				
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 165 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> <div style="position: absolute; left: -40px; top: 50%; transform: translateY(-50%);">W</div> <div style="position: absolute; right: -40px; top: 50%; transform: translateY(-50%);">E</div>			NW	NE			SW	SE	WELL'S STATIC WATER LEVEL 130 ft.																											
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WELL WAS USED AS:																																				
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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:																																				
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Blank casing diameter 4.5 in. Was casing pulled? Yes ___ No <input checked="" type="checkbox"/> If yes, how much _____																																				
Casing height above or below land surface -36 in.																																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____																																				
Grout Plug Intervals From 3 ft. to 6 ft. From 127 ft. to 130 ft. From _____ ft. to _____ ft.																																				
What is the nearest source of possible contamination:																																				
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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) 9/25/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554783 This Water Well Record was completed on (mo/day/yr) 9-1-09 under the business name of Woofter 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.																																				