

WATER WELL PLUGGING RECORD

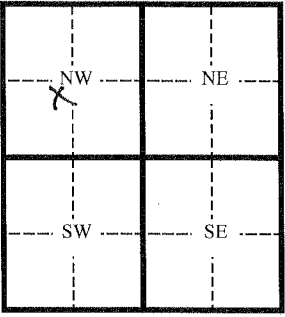
FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Thomas	NE 1/4 SW 1/4 NW 1/4	33	10	34W

Distance and direction from nearest town or city street address of well if located within city?
N 39 08.657 W 101 07.608

2 WATER WELL OWNER: Cameron Epard RR#, St. Address, Box # 18171 N 99th St City, State, ZIP Code : Scottsdale, AZ 85255	Board of Agriculture, Division of Water Resources Application Number: 2012.0068
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:


4 DEPTH OF WELL **170** ft.
 WELL'S STATIC WATER LEVEL **125** ft.
 WELL WAS USED AS:

1 Domestic
 2 Irrigation
 3 Feedlot
 4 Industrial

5 Public Water Supply
☒ 6 Oil Field Water Supply
 7 Lawn and Garden (domestic)
 8

9 Dewatering
 10 Monitoring Well
 11 Injection Well
 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 ___

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 **4.5** in. Was casing pulled? Yes ___ No **X** 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 **3** ft. to **6** ft. From **122** ft. to **125** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:

1 Septic tank
 2 Sewer lines
 3 Watertight sewer lines
 4 Lateral lines
 5 Cess Pool

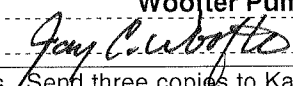
6 Seepage pit
 7 Pit privy
 8 Sewage lagoon
 9 Feedyard
 10 Livestock pens

11 Fuel storage
 12 Fertilizer storage
 13 Insecticide storage
 14 Abandoned water well
 15 Oil well/ Gas well

16 Other (specify below) _____

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	3		Native soil
3	6		Bentonite
6	122		Clay
122	125		Bentonite
125	170		Chlorinated Sand

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **1/26/12** 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) **1/27/12** under the business name of **Woofter Pump & Well Inc.**
 by (signature) 

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.