

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Logan	SW 1/4 SW 1/4 NE 1/4	2	11	32 W																																
Distance and direction from nearest town or city street address of well if located within city? East of town on 2nd St																																				
2 WATER WELL OWNER: City of Oakley																																				
RR#, St. Address, Box # 209 Hudson		Board of Agriculture, Division of Water Resources																																		
City, State, ZIP Code : Oakley, KS 67740		Application Number:																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 212 ft.																																			
	WELL'S STATIC WATER LEVEL 134 ft.																																			
	WELL WAS USED AS:																																			
	<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 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</td> <td>12 Other Test well</td> </tr> </table>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8	12 Other Test well																				
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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:																																				
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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 _____ 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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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 8-26-11 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) 9/19/11 under the business name of Woofter Pump & Well Inc. by (signature) <i>Ray C. Woofter</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.																																				

Original Returned to Sender
for Correction Date: 9-22-11