

WATER WELL PLUGGING RECORD

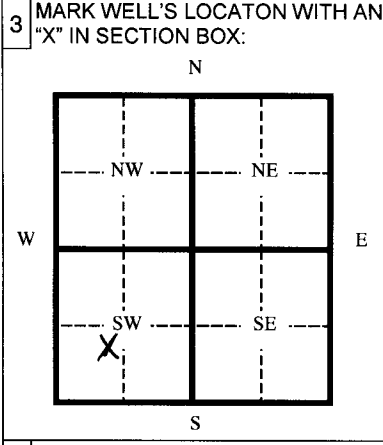
FORM WWC-5P

KSA 82a-1212

1	LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Logan	NE 1/4 SW 1/4 SW 1/4	14	11	33 W

Distance and direction from nearest town or city street address of well if located within city?
5 W, 1 1/2 S, e into from Oakley

2 WATER WELL OWNER: **Jim Ahrens**
 RR#, St. Address, Box # **315 Cherry Ave** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Oakley, KS 67748** Application Number: 20050056



4 DEPTH OF WELL **200** ft.
 WELL'S STATIC WATER LEVEL **130** ft.
 WELL WAS USED AS:
 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 _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes 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 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 **127** ft. to **130** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess Pool 10 Livestock pens 15 Oil well/ Gas well
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
200	130		Chlorinated Sand
130	127		Bentonite
127	6		Clay
6	3		Bentonite
3	0		Native Soil

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) **9/01/09** 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.