

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: Rawlins	NE 1/4 SE 1/4 NE 1/4	31	1	32																				
Distance and direction from nearest town or city street address of well if located within city?																								
2 WATER WELL OWNER: Francis Kastens																								
RR#, St. Address, Box # RR																								
City, State, ZIP Code : Ludell, Ks 67744																								
Board of Agriculture, Division of Water Resources Application Number: 20080373																								
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 230 ft.																							
	WELL'S STATIC WATER LEVEL 163 ft.																							
	WELL WAS USED AS:																							
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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:																								
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 X If yes, how much _____																								
Casing height above or below land surface -36 in.																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____																								
Grout Plug Intervals From 3 ft. to 0 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? _____																								
FROM	TO	CODE	PLUGGING MATERIALS																					
230	163		Chlorinated sand																					
163	160		Bentonite																					
160	6		Native clay																					
6	3		Bentonite																					
3	0		Native clay																					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 5-20-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554/783 This Water Well Record was completed on (mo/day/yr) 6-2-09 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.																								