

## WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

<b>1</b> LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: <b>Finney</b>	<b>NW 1/4 SW 1/4 SE 1/4</b>	<b>20</b>	<b>23</b>	<b>33</b>																				
Distance and direction from nearest town or city street address of well if located within city?																								
<b>2</b> WATER WELL OWNER: <b>Garden City Company</b>																								
RR#, St. Address, Box # <b>P. O. BOX 597</b>																								
City, State, ZIP Code : <b>Garden City, Ks 67846</b>																								
Board of Agriculture, Division of Water Resources Application Number: <b>2004 0132</b>																								
<b>3</b> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<b>4</b> DEPTH OF WELL <b>310</b> ft.																							
N <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> S W                      E			NW	NE			SW	SE	WELL'S STATIC WATER LEVEL <b>na</b> ft.															
NW	NE																							
SW	SE																							
WELL WAS USED AS:																								
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Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b>																								
If yes, mo/day/yr sample was submitted _____																								
Water Well Disinfected: Yes <b>X</b> No _____																								
<b>5</b> TYPE OF BLANK CASING USED:																								
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Blank casing diameter _____ in. Was casing pulled? Yes _____ No _____ If yes, how much _____																								
Casing height above or below land surface _____ in.																								
<b>6</b> GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																								
Grout Plug Intervals From _____ ft. to _____ 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																					
<b>310</b>	<b>204</b>		<b>Washed sand w/chlorine</b>																					
<b>204</b>	<b>10</b>		<b>Clay</b>																					
<b>10</b>	<b>3</b>		<b>Bentonite</b>																					
<b>3</b>	<b>0</b>		<b>topsoil</b>																					
			<b>CAT DUG OUT 3 - 4 FT &amp; COVERED BACK UP.</b>																					
<b>7</b> CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>11-8-04</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>11-12-04</b> under the business name of <b>Woofert Pump &amp; Well, Inc.</b> by (signature) <i>Gay C. Woofert</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.																								

RECEIVED

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BUREAU OF WATER