

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Stafford	SW ¼ SW ¼ SW ¼	22	24	15 W
Distance and direction from nearest town or city street address of well if located within city?				
2 WATER WELL OWNER: David Deighton				
RR#, St. Address, Box # PO Box 66		Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Macksville, KS		AS-5	Application Number:	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 35 ft.		
		WELL'S STATIC WATER LEVEL NA 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 Air Conditioning	<input checked="" type="checkbox"/> 12 Other Air Sparge
		Was a chemical/bacteriological sample submitted to Department?		Yes _____ No <input checked="" type="checkbox"/>
		If yes, mo/day/yr sample was submitted _____		
		Water Well Disinfected: Yes _____ No <input checked="" type="checkbox"/>		
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 2 in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____				
Casing height above or below land surface -60 in.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____				
Grout Plug Intervals From 35 ft. to 6 ft. From _____ ft. to _____ 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 None				
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	
35	6		Bentonite	
6	3		Clay	
0	3		Cement	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 12-10-04 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) 12-22-04 under the business name of Woofter Pump & Well Inc. by (signature) <i>Gay 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.				