

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 1/4 SW 1/4 SW 1/4	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-9** Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

W	NW	NE	E
	SW	SE	
	X		
	S		

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 12 Other **Air Sparge**

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes _____ No **X**

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 **2** in. Was casing pulled? Yes _____ No **X** If yes, how much _____
 Casing height above or below land surface **-60** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **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) *Guy C. Woofter*

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.