

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. **MW2**

1 LOCATION OF WATER WELL:		Fraction SE 1/4 NW 1/4 NE 1/4	Section Number 11	Township Number 26	Range Number 28																																																
Distance and direction from nearest town or city street address of well if located within city?																																																					
2 WATER WELL OWNER: Grain Growers Coop RR#, St. Address, Box # 202 N Main City, State, ZIP Code : Cimarron, KS 67835 Board of Agriculture, Division of Water Resources Application Number:																																																					
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		<table border="1" style="float: left; margin-right: 10px;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;">X (E)</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> <tr><td colspan="2" style="text-align: center;">SW SE</td></tr> </table> 4 DEPTH OF WELL 60 ft. WELL'S STATIC WATER LEVEL Dry ft. WELL WAS USED AS: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">1 Domestic</td><td style="width: 33%;">5 Public Water Supply</td><td style="width: 33%;">9 Dewatering</td></tr> <tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr> <tr><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td><td>11 Injection Well</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr> </table>				N		W	X (E)	S		SW SE		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																												
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Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																					
5 TYPE OF BLANK CASING USED: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">1 Steel</td><td style="width: 33%;">3 RMP (SR)</td><td style="width: 33%;">5 Wrought</td></tr> <tr><td>2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td></tr> <tr><td>Blank casing diameter 2 in.</td><td>Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td><td>If yes, how much Overdrilled 3 ft.</td></tr> </table>						1 Steel	3 RMP (SR)	5 Wrought	2 PVC	4 ABC	6 Asbestos-Cement	Blank casing diameter 2 in.	Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, how much Overdrilled 3 ft.																																							
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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 0 ft. to 60 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																					
What is the nearest source of possible contamination: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">1 Septic tank</td><td style="width: 33%;">6 Seepage pit</td><td style="width: 33%;">11 Fuel storage</td><td style="width: 33%;">16 Other (specify below)</td></tr> <tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td>Previously Contaminated Site</td></tr> <tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr> <tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr> <tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/ Gas well</td><td></td></tr> </table>						1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	Previously Contaminated Site	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																													
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 5/16/06 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) 6/26/06 under the business name of Woofter Pump & Well Inc. by (signature) <i>grayle 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, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																																					