

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. MW14

1 LOCATION OF WATER WELL:		Fraction County: <b>Gray</b> SE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$		Section Number <b>11</b>	Township Number <b>26</b>	Range Number <b>28</b>																																																								
Distance and direction from nearest town or city street address of well if located within city?																																																														
2 WATER WELL OWNER: <b>Grain Growers Coop</b> RR#, St. Address, Box # <b>202 N Main</b> Board of Agriculture, Division of Water Resources City, State, ZIP Code : <b>Cimarron, KS 67835</b> 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</td></tr> <tr><td colspan="2" style="text-align: center;">E</td></tr> <tr><td colspan="2" style="text-align: center;">SW SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table> 4 DEPTH OF WELL <b>55</b> ft. WELL'S STATIC WATER LEVEL <b>Dry</b> ft. WELL WAS USED AS:					N		W	X	E		SW SE		S																																															
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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 border="0"> <tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr> <tr><td><input checked="" type="radio"/> 2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr> </table> Blank casing diameter <b>2</b> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <b>Overdrilled 3 ft</b>							1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile																																															
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Casing height above or below land surface <b>-36</b> in.																																																														
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other																																																														
Grout Plug Intervals From <b>0</b> ft. to <b>55</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																														
What is the nearest source of possible contamination: <table border="0"> <tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr> <tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td><b>Previously Contaminated Site</b></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	<b>Previously Contaminated Site</b>	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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Direction from well? _____ How many feet? _____																																																														
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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) <b>5/16/06</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>6/26/06</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>grayce 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.																																																														