

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

AS-9

1 LOCATION OF WATER WELL: Fraction		Section Number	Township Number	Range Number																																
County: Gray SE ¼ NW ¼ NE ¼		11	26	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		Board of Agriculture, Division of Water Resources																																		
City, State, ZIP Code : Cimarron, Ks		Application Number: AS-9																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 58.5 ft.																																		
<div style="text-align: center;">N <table border="1" style="margin: auto;"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td>X</td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>SW</td><td></td><td>SE</td></tr><tr><td></td><td></td><td></td></tr></table> S</div>					NW	X	E				SW		SE				WELL'S STATIC WATER LEVEL unknown ft.																			
		NW	X	E																																
SW		SE																																		
WELL WAS USED AS:																																				
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Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____																																				
If yes, mo/day/yr sample was submitted _____																																				
Water Well Disinfected: Yes _____ No _____																																				
5 TYPE OF BLANK CASING USED:																																				
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Blank casing diameter _____ in. Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ If yes, how much 3 ft																																				
Casing height above or below land surface -36 in.																																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <input checked="" type="radio"/> Bentonite 4 Other _____																																				
Grout Plug Intervals From 58.5 ft. to 3 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																				
What is the nearest source of possible contamination:																																				
<table><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></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		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 30 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) 6-23-06 under the business name of Woofter Pump & Well Inc. by (signature) <i>Paula 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.																																				