

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

AS-14

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																									
City, State, ZIP Code : Cimarron, Ks 67835																									
Board of Agriculture, Division of Water Resources Application Number: AS-14																									
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 66 ft.																							
<div style="text-align:center">N <table border="1" style="margin:auto"><tr><td></td><td></td></tr><tr><td>NW</td><td>X E</td></tr><tr><td></td><td></td></tr><tr><td>SW</td><td>SE</td></tr></table> S</div>				NW	X E			SW	SE	WELL'S STATIC WATER LEVEL 54.49 ft.															
		NW	X E																						
SW	SE																								
WELL WAS USED AS:																									
<table><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>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 Air Sparge</td></tr></table>				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										
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Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/>																									
If yes, mo/day/yr sample was submitted _____																									
Water Well Disinfected: Yes <input type="checkbox"/> No <input type="checkbox"/>																									
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 _____ in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 Bentonite 4 Other _____																									
Grout Plug Intervals From 66 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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Direction from well? _____ How many feet? _____																									
FROM	TO	CODE	PLUGGING MATERIALS																						
66	3		bentonite																						
3	0		Over burden soil																						
			Over drilled to 3 ft																						
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 Woofert Pump & Well Inc. by (signature) <i>[Signature]</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.																									