

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. SV-6

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		Board of Agriculture, Division of Water Resources Application Number:																																																			
RR#, St. Address, Box # 202 N. Main																																																					
City, State, ZIP Code : Cimarron, KS 67835																																																					
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		<table border="1" style="float: left; margin-right: 10px;"> <tr><td style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">W</td></tr> <tr><td style="text-align: center;">SW</td></tr> <tr><td style="text-align: center;">S</td></tr> <tr><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">X</td></tr> </table> 4 DEPTH OF WELL 57 ft. WELL'S STATIC WATER LEVEL NA ft. WELL WAS USED AS: <table style="margin-left: 100px;"> <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><input checked="" type="radio"/> 12 Other Vapor Extraction</td></tr> </table>				N	W	SW	S	E	X	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	<input checked="" type="radio"/> 12 Other Vapor Extraction																														
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		Was a chemical/bacteriological sample submitted to Department? If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																			
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																			
5 TYPE OF BLANK CASING USED:		1 Steel <input type="checkbox"/>	3 RMP (SR) <input type="checkbox"/>	5 Wrought <input type="checkbox"/>	7 Fiberglass <input type="checkbox"/>																																																
		2 PVC <input checked="" type="radio"/>	4 ABC <input type="checkbox"/>	6 Asbestos-Cement <input type="checkbox"/>	8 Concrete Tile <input type="checkbox"/>																																																
Blank casing diameter		4 in.	Was casing pulled?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> If yes, how much Overdrilled 20 ft																																																
Casing height above or below land surface		-20 ft in.																																																			
6 GROUT PLUG MATERIAL:		1 Neat cement <input type="checkbox"/>	2 Cement grout <input type="checkbox"/>	<input checked="" type="radio"/> 3 Bentonite <input type="checkbox"/>	4 Other <input type="checkbox"/>																																																
Grout Plug Intervals		From 57 ft. to 3 ft.	From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.	From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.	From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.																																																
What is the nearest source of possible contamination:																																																					
1 Septic tank		6 Seepage pit	11 Fuel storage	16 Other (specify below) Previously Contaminated Site																																																	
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																																																		
Direction from well?		How many feet?																																																			
<table border="1" style="width: 100%;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th colspan="3">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr><td>57</td><td>3</td><td></td><td colspan="3">Bentonite Grout</td></tr> <tr><td>3</td><td>0</td><td></td><td colspan="3">Native Soil</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						FROM	TO	CODE	PLUGGING MATERIALS			57	3		Bentonite Grout			3	0		Native Soil																																
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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.					<i>John C. 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.																																																					