

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: Ford	NE 1/4 NE 1/4 NE 1/4	5	27	25																																				
Distance and direction from nearest town or city street address of well if located within city?																																								
2 WATER WELL OWNER: KS DEPT OF Transportation																																								
RR#, St. Address, Box #		Board of Agriculture, Division of Water Resources																																						
City, State, ZIP Code		Application Number:																																						
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 205 ft.																																						
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px; text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div> <div style="display: flex; justify-content: space-between; width: 100%;"> W E </div>			X	NW	NE			SW	SE	WELL'S STATIC WATER LEVEL 51 ft.																														
			X																																					
		NW	NE																																					
SW	SE																																							
WELL WAS USED AS:																																								
<div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Temp Const </div> </div>																																								
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X																																								
If yes, mo/day/yr sample was submitted _____																																								
Water Well Disinfected: Yes X No _____																																								
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 8 in. Was casing pulled? Yes _____ No X If yes, how much _____																																								
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 _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																								
What is the nearest source of possible contamination:																																								
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 Septic tank</div> <div style="width: 33%;">6 Seepage pit</div> <div style="width: 33%;">11 Fuel storage</div> <div style="width: 33%;">16 Other (specify below)</div> <div style="width: 33%;">2 Sewer lines</div> <div style="width: 33%;">7 Pit privy</div> <div style="width: 33%;">12 Fertilizer storage</div> <div style="width: 33%;">13 Insecticide storage</div> <div style="width: 33%;">3 Watertight sewer lines</div> <div style="width: 33%;">8 Sewage lagoon</div> <div style="width: 33%;">14 Abandoned water well</div> <div style="width: 33%;">4 Lateral lines</div> <div style="width: 33%;">9 Feedyard</div> <div style="width: 33%;">15 Oil well/ Gas well</div> <div style="width: 33%;">5 Cess Pool</div> <div style="width: 33%;">10 Livestock pens</div> </div>																																								
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) 9-10-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554/783 This Water Well Record was completed on (mo/day/yr) 10-7-09 under the business name of Woofter Pump & Well Inc. by (signature) _____																																								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																								