

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: Kiowa	SW 1/4 NE 1/4 SW 1/4	16	28	18																				
Distance and direction from nearest town or city street address of well if located within city?																								
2 WATER WELL OWNER: O & J OF KS INC.																								
RR#, St. Address, Box # 180 SO. ROCK RD		Board of Agriculture, Division of Water Resources																						
City, State, ZIP Code : WICHITA, KS 67207		VOWD1	Application Number:																					
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 35 ft.																							
	WELL'S STATIC WATER LEVEL _____ ft.																							
	WELL WAS USED AS:																							
	<table style="width:100%; border:none;"> <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><input checked="" type="checkbox"/> 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 _____</td> </tr> </table>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____								
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Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>																								
If yes, mo/day/yr sample was submitted _____																								
Water Well Disinfected: Yes _____ No <input checked="" type="checkbox"/>																								
5 TYPE OF BLANK CASING USED:																								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile																								
Blank casing diameter _____ in. Was casing pulled? Yes _____ No _____ If yes, how much _____																								
Casing height above or below land surface _____ 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:																								
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Direction from well? _____		How many feet? _____																						
	FROM	TO	CODE	PLUGGING MATERIALS																				
	35	3		BENTONITE																				
	3	0		CEMENT																				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 10-21-03 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) 10-28-03 under the business name of Woofter Pump and 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.																								