

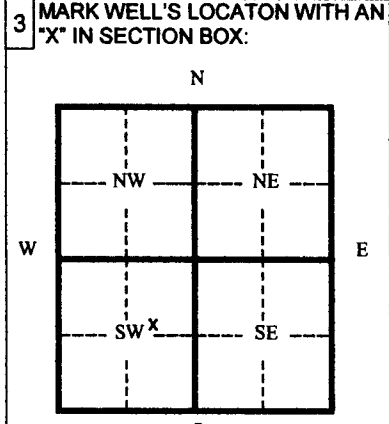
WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL: Fraction **SW 1/4 NE 1/4 SW 1/4** Section Number **16** Township Number **28** Range Number **18**  
 County: **Kiowa**  
 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** **SVE3A** Application Number:



4 DEPTH OF WELL **20** ft.  
 WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft.  
 WELL WAS USED AS:  
 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 \_\_\_\_\_  
 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:  
 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 \_\_\_\_\_ 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:  
 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  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	PLUGGING MATERIALS
20	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) *[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: 785-296-3585. Send one to Water Well Owner and retain one for your records.