

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 ¼ NE ¼ SW ¼	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																
City, State, ZIP Code : WICHITA, KS 67207			Board of Agriculture, Division of Water Resources													
			Application Number: SVE3													
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>20</u> ft.															
	WELL'S STATIC WATER LEVEL <u>Dry</u> ft.															
	WELL WAS USED AS:															
	<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">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 Over Drilled																
Blank casing diameter <u>2</u> in. Was casing pulled? Yes ___ No <input checked="" type="checkbox"/> 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 <u>20</u> ft. to <u>3</u> ft. From <u>3</u> ft. to <u>0</u> ft. From _____ ft. to _____ ft.																
What is the nearest source of possible contamination:																
1 Septic tank 6 Seepage pit <input checked="" type="checkbox"/> 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? <u>South - West</u> How many feet? _____																
	FROM	TO	CODE	PLUGGING MATERIALS												
	<u>20</u>	<u>3</u>		BENTONITE - Pumpable												
	<u>3</u>	<u>0</u>		CEMENT												
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>10-21-03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>10-28-03</u> under the business name of <u>Woofter Pump and Well Inc.</u>																
by (signature) <u><i>Amylee Woofter</i></u>																
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.																