

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

<b>1</b> LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: <b>Kiowa</b>	<b>SW ¼ NE ¼ SW ¼</b>	<b>16</b>	<b>28</b>	<b>18</b>																				
Distance and direction from nearest town or city street address of well if located within city?																								
<b>2</b> WATER WELL OWNER: <b>O &amp; J OF KS INC.</b>																								
RR#, St. Address, Box # <b>180 SO. ROCK RD</b>		Board of Agriculture, Division of Water Resources																						
City, State, ZIP Code : <b>WICHITA, KS 67207</b>		<b>SVE4</b>	Application Number:																					
<b>3</b> MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	<b>4</b> 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	Was a chemical/bacteriological sample submitted to Department? Yes ___ No <input checked="" type="checkbox"/>								
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If yes, mo/day/yr sample was submitted _____				Water Well Disinfected: Yes ___ No <input checked="" type="checkbox"/>																				
<b>5</b> TYPE OF BLANK CASING USED:																								
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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.																								
<b>6</b> 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:																								
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Direction from well? <b>South -- West</b>		How many feet? _____																						
<b>7</b>	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 <b>Woofter Pump and Well Inc.</b>																							
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.																								