

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Haskell	SW 1/4 SE 1/4 NW 1/4	12	28	33																																
Distance and direction from nearest town or city street address of well if located within city?																																				
2 WATER WELL OWNER: Dennis Hill																																				
RR#, St. Address, Box # HCR 1, Box 20J		Board of Agriculture, Division of Water Resources																																		
City, State, ZIP Code : Sublette, KS 67877		Application Number: 20050245																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 515 ft.																																			
<div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">W</td> <td style="width: 100px; height: 100px; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">X</div> </td> <td style="width: 50px; text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">NW NE</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">SW SE</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> </tr> </table> </div>	W	<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">X</div>	E		NW NE			SW SE			S		WELL'S STATIC WATER LEVEL 380 ft.																							
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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 <input checked="" type="checkbox"/> No _____																																				
5 TYPE OF BLANK CASING USED:																																				
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Blank casing diameter 4.5 in. Was casing pulled? Yes ___ No <input checked="" type="checkbox"/> If yes, how much _____																																				
Casing height above or below land surface -36 in.																																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____																																				
Grout Plug Intervals From 3 ft. to 6 ft. From 377 ft. to 380 ft. From _____ ft. to _____ ft.																																				
What is the nearest source of possible contamination:																																				
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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) 9/15/09 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) 9/18/09 under the business name of Woofter Pump & Well Inc. by (signature) <i>[Signature]</i>																																				
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.																																				