

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Norton	NW 1/4 NE 1/4 SW 1/4	36	2	23 W

Distance and direction from nearest town or city street address of well if located within city?
2 miles east of Norton

2 WATER WELL OWNER: Leroy Atwell	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # 17443 KQSK Rd	
City, State, ZIP Code : Norton, KS 67654	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 30 ft.
	WELL'S STATIC WATER LEVEL _____ ft.
	WELL WAS USED AS:
	<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial
	<input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Lawn and Garden (domestic) <input type="checkbox"/> 8
	<input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other _____
	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:
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABC <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile
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	<input checked="" type="checkbox"/> 3 Bentonite	4 Other _____
Grout Plug Intervals	From 30 ft. to 27 ft.	From 6 ft. to 3 ft.	From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:				
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess Pool	<input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/ Gas well	<input type="checkbox"/> 16 Other (specify below) _____	
Direction from well? _____		How many feet? _____		

FROM	TO	CODE	PLUGGING MATERIALS
	30		Sand
30	27		Bentonite
27	6		Clay
6	3		Bentonite
3	0		Native soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 9/04/09 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) 10/20/09 under the business name of Woofert Pump & Well Inc. by (signature) <i>[Signature]</i>
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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.