

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: Decatur	SE 1/4 NE 1/4 SW 1/4	6	2	26 w																				
Distance and direction from nearest town or city street address of well if located within city? 1500 ft from south line—2970 ft from east line																								
2 WATER WELL OWNER: Bill Schwab																								
RR#, St. Address, Box # Rt 1																								
City, State, ZIP Code : Norcatour, KS 67653																								
Board of Agriculture, Division of Water Resources Application Number: 20100102																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 240 ft.																							
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div> <div style="position: absolute; left: -40px; top: 50%; transform: translateY(-50%);">W</div> <div style="position: absolute; right: -40px; top: 50%; transform: translateY(-50%);">E</div>			NW	NE			SW	SE	WELL'S STATIC WATER LEVEL 132 ft.															
	NW	NE																						
SW	SE																							
WELL WAS USED AS:																								
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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 129 ft. to 132 ft. From _____ ft. to _____ ft.																								
What is the nearest source of possible contamination:																								
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Direction from well? _____ How many feet? _____																								
FROM	TO	CODE	PLUGGING MATERIALS																					
0	3		Clay																					
3	6		Bentonite																					
6	129		Clay																					
129	132		Bentonite																					
132	240		Chlorinated sand																					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 4/07/10 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) 4/13/10 under the business name of Woofter Pump & Well Inc. by (signature) <i>Ray C. Woofter</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.																								