

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 NW 1/4	29	2	26W

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

14 miles east of Oberlin—2 north—1/2 east—south into- well in terrace

2 WATER WELL OWNER: Herb Shirley	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # Rt 1	Application Number: 20020052
City, State, ZIP Code : Norcatour, KS 67653	

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 188 ft.												
	WELL'S STATIC WATER LEVEL 152 ft. WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td><input checked="" type="checkbox"/> 6 Oil Field Water Supply</td> <td>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</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	<input checked="" type="checkbox"/> 6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8	12 Other
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4 Industrial	8	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:	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	
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 3 ft. to 6 ft. From 149 ft. to 152 ft. From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well	16 Other (specify below) _____	
Direction from well? _____	How many feet? _____			

FROM	TO	CODE	PLUGGING MATERIALS
0	3		Native soil
3	6		Bentonite
6	149		Clay
149	152		Bentonite
152	188		Chlorinated Sand

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 4-23-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 6/1/12 under the business name of Woofter Pump & Well Inc. by (signature)
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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.