

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: Cheyenne	SW 1/4 SW 1/4 SW 1/4	29	2	41W																																				
Distance and direction from nearest town or city street address of well if located within city?																																								
2 WATER WELL OWNER: William Raile & Ellen D. Raile																																								
RR#, St. Address, Box # 420 E. Whittier St		Board of Agriculture, Division of Water Resources																																						
City, State, ZIP Code : St. Francis, KS 67756		Application Number: 20080553																																						
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 300 ft.																																							
<div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px;">W</td> <td style="width: 40px; height: 40px; text-align: center;">NW</td> <td style="width: 40px; height: 40px; text-align: center;">NE</td> <td style="width: 20px;">E</td> </tr> <tr> <td style="width: 40px; height: 40px; text-align: center;">SW</td> <td style="width: 40px; height: 40px; text-align: center;">SE</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table> X </div>	W	NW	NE	E	SW	SE				S			WELL'S STATIC WATER LEVEL 270 ft.																											
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WELL WAS USED AS:																																								
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Was a chemical/bacteriological sample submitted to Department? Yes ___ No X																																								
If yes, mo/day/yr sample was submitted _____																																								
Water Well Disinfected: Yes X No ___																																								
5 TYPE OF BLANK CASING USED:																																								
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Blank casing diameter 4.5 in. Was casing pulled? Yes ___ No X 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 267 ft. to 270 ft. From _____ ft. to _____ ft.																																								
What is the nearest source of possible contamination:																																								
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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) 3/03/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 3-9-09 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, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																								