

## 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: <b>Cheyenne</b>	<b>SE</b> 1/4 <b>NW</b> 1/4 <b>SW</b> 1/4	<b>32</b>	<b>2</b>	<b>41W</b>

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

2 WATER WELL OWNER: **Terry Codwell**

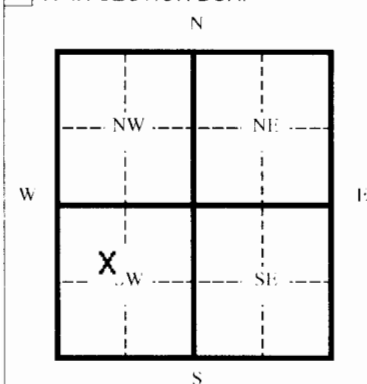
RR#, St. Address, Box #

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **St. Francis, KS 67756**

Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL **291** ft.WELL'S STATIC WATER LEVEL **250** ft.

WELL WAS USED AS:

- |              |                              |                    |
|--------------|------------------------------|--------------------|
| 1 Domestic   | 5 Public Water Supply        | 9 Dewatering       |
| 2 Irrigation | 6 Oil Field Water Supply     | 10 Monitoring Well |
| 3 Feedlot    | 7 Lawn and Garden (domestic) | 11 Injection Well  |
| 4 Industrial | 8 Air Conditioning           | 12 Other           |

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:

- |         |            |           |              |                         |
|---------|------------|-----------|--------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (specify below) |
|---------|------------|-----------|--------------|-------------------------|

- |       |       |                   |                 |
|-------|-------|-------------------|-----------------|
| 2 PVC | 4 ABC | 6 Asbestos-Cement | 8 Concrete Tile |
|-------|-------|-------------------|-----------------|

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 3 **Bentonite** 4 Other \_\_\_\_\_Grout Plug Intervals From **0** ft. to **3** ft. From **247** ft. to **250** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

- |                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel storage         | 16 Other (specify below) |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   |                          |
| 3 Watertight sewer lines | 8 Sewage lagoon   | 13 Insecticide storage  |                          |
| 4 Lateral lines          | 9 Feedyard        | 14 Abandoned water well |                          |
| 5 Cess Pool              | 10 Livestock pens | 15 Oil well/ Gas well   |                          |

Direction from well? \_\_\_\_\_

How many feet? \_\_\_\_\_

FROM	TO	CODE	PLUGGING MATERIALS
<b>0</b>	<b>3</b>		<b>Clay</b>
<b>3</b>	<b>6</b>		<b>Bentonite</b>
<b>6</b>	<b>247</b>		<b>Clay</b>
<b>247</b>	<b>250</b>		<b>Bentonite</b>
<b>250</b>	<b>291</b>		<b>Chlorinated Sand</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **3/16/09** 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) **3/24/09** under the business name of **Woofert Pump & Well, Inc.** by (signature) *[Signature]*

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.