

## WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

<b>1</b> LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: <b>Cheyenne</b>	<b>NE 1/4 NE 1/4 NE 1/4</b>	<b>32</b>	<b>2</b>	<b>41</b>																				
Distance and direction from nearest town or city street address of well if located within city?																								
<b>2</b> WATER WELL OWNER: <b>Clifford Raile</b>																								
RR#, St. Address, Box #		Board of Agriculture, Division of Water Resources																						
City, State, ZIP Code : <b>St. Francis, Ks 67756-9751</b>		Application Number: 20090033																						
<b>3</b> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<b>4</b> DEPTH OF WELL <b>295</b> ft.																							
	WELL'S STATIC WATER LEVEL <b>270</b> ft.																							
	WELL WAS USED AS:																							
	<table style="width:100%;"> <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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<div style="display: flex; justify-content: space-between;"> <div> <p>Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/></p> <p>If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No</p> </div> </div>																								
<b>5</b> TYPE OF BLANK CASING USED:																								
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Blank casing diameter <b>4.5</b> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much																								
Casing height above or below land surface <b>-36</b> in.																								
<b>6</b> GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																								
Grout Plug Intervals From ft. to ft. From ft. to ft. From ft. to ft.																								
What is the nearest source of possible contamination:																								
<table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/ Gas well</td> <td></td> </tr> </table>					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	
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Direction from well? How many feet?																								
FROM	TO	CODE	PLUGGING MATERIALS																					
<b>295</b>	<b>270</b>		<b>Chlorinated sand</b>																					
<b>270</b>	<b>267</b>		<b>Bentonite</b>																					
<b>267</b>	<b>6</b>		<b>Native clay</b>																					
<b>6</b>	<b>3</b>		<b>Bentonite</b>																					
<b>3</b>	<b>0</b>		<b>Native clay</b>																					
<b>7</b> CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>5-20-09</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554783</b> This Water Well Record was completed on (mo/day/yr) <b>6-2-09</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>Jay 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.																								