

WATER WELL PLUGGING RECORD

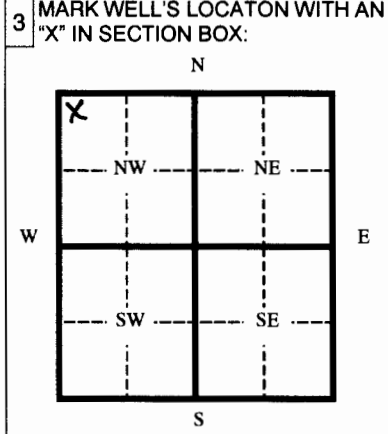
FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Cheyenne</b>	<b>NW 1/4 NW 1/4 NW 1/4</b>	<b>36</b>	<b>3</b>	<b>40w</b>

Distance and direction from nearest town or city street address of well if located within city?  
**Hwy 36 & Rd 16 corner—on south side of highway**

2 WATER WELL OWNER: **Prairie Land Electric**  
 RR#, St. Address, Box # **Box 360**  
 City, State, ZIP Code : **Norton, KS 67654**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL **106** ft.  
 WELL'S STATIC WATER LEVEL **91** ft.  
 WELL WAS USED AS:  

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Lawn and Garden (domestic)	<input type="checkbox"/> 11 Injection Well
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8	<input type="checkbox"/> 12 Other

 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_ No   
 If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected: Yes  No \_\_\_

5 TYPE OF BLANK CASING USED:  

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (specify below)
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABC	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

 Blank casing diameter **4.5** in. Was casing pulled? Yes \_\_\_ No  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 **3** ft. to **6** ft. From **88** ft. to **91** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  

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

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	PLUGGING MATERIALS
0	3		Native soil
3	6		Bentonite
6	88		Clay
88	91		Bentonite
91	106		Chlorinated Sand

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **3/1/12** 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) **3/5/12** under the business name of **Woffter Pump & Well Inc.** by (signature) *Jerry P. Woffter*

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.