

WATER WELL PLUGGING RECORD

FORM WWC-5P

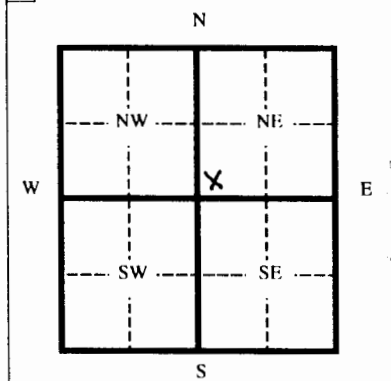
KSA 82a-1212

1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: <b>Rawlins</b> SW 1/4 SW 1/4 NE 1/4	<b>27</b>	<b>4</b>	<b>31 W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**From intersection of Rd I & Rd 35—2200 ft from north line and 2200 ft west of east line**

2 WATER WELL OWNER: **Daisy Schmidt**  
 RR#, St. Address, Box # **c/o Chris Schmidt** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **21359 Rd 33 Oberlin, KS 67749** Application Number:

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



4 DEPTH OF WELL **158** ft.  
 WELL'S STATIC WATER LEVEL **132** 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 \_\_\_\_\_      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 **3** ft. to **6** ft. From **129** ft. to **132** 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>Native soil</b>
<b>3</b>	<b>6</b>		<b>Bentonite</b>
<b>6</b>	<b>129</b>		<b>Clay</b>
<b>129</b>	<b>132</b>		<b>Bentonite</b>
<b>132</b>	<b>158</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) **3/2/12** 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) **3/6/12** under the business name of **Wooffer Pump & Well Inc.** by (signature) *Jay C. Wooffer*

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.