

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: Decatur	NW 1/4 SW 1/4 NE 1/4	28	5	29 W																				
Distance and direction from nearest town or city street address of well if located within city?																								
2 WATER WELL OWNER: <i>Alberta Morgan</i>																								
RR#, St. Address, Box # <i>1440 W 9th St Terrace</i>		Board of Agriculture, Division of Water Resources																						
City, State, ZIP Code : <i>Lenexa, KS 66215</i>		Application Number: 20070364																						
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>150</u> ft.																							
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px; text-align: center;">NW</td> <td style="width: 50px; height: 50px; text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px; text-align: center;">SW</td> <td style="width: 50px; height: 50px; text-align: center;">SE</td> </tr> </table> S W E	NW	NE	SW	SE	WELL'S STATIC WATER LEVEL <u>80</u> ft.																			
	NW	NE																						
	SW	SE																						
	WELL WAS USED AS:																							
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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:																								
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Blank casing diameter <u>4.5</u> in. Was casing pulled? Yes ___ No ☒ If yes, how much _____																								
Casing height above or below land surface <u>-36</u> in.																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____																								
Grout Plug Intervals From <u>3</u> ft. to <u>6</u> ft. From <u>77</u> ft. to <u>80</u> ft. From _____ ft. to _____ ft.																								
What is the nearest source of possible contamination:																								
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Direction from well? _____ How many feet? _____																								
FROM	TO	CODE	PLUGGING MATERIALS																					
150	80		Chlorinated Sand																					
80	77		Bentonite																					
77	6		Clay																					
6	3		Bentonite																					
3	0		Native Soil																					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>4/10/08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554783</u> This Water Well Record was completed on (mo/day/yr) <u>9/01/09</u> under the business name of <u>Woofert Pump & Well Inc.</u> 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, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																								