

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Rawlins	NW 1/4 SW 1/4 SW 1/4	25	5	33 W

Distance and direction from nearest town or city street address of well if located within city?
15 miles north of and 5 east of Colby, KS

2 WATER WELL OWNER: F.J. & Rita Schroeder RR#, St. Address, Box # 29464 Road 23 City, State, ZIP Code : Colby, KS 67701	Board of Agriculture, Division of Water Resources Application Number: 20120031
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3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 210 ft. WELL'S STATIC WATER LEVEL 122 ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply <input checked="" type="checkbox"/> 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div> <p>Was a chemical/bacteriological sample submitted to Department? Yes ___ No <input checked="" type="checkbox"/> X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input checked="" type="checkbox"/> X No ___</p>
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile	Blank casing diameter 4.5 in. Was casing pulled? Yes ___ No <input checked="" type="checkbox"/> X If yes, how much _____ Casing height above or below land surface -36 in.
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____	Grout Plug Intervals From 3 ft. to 6 ft. From 119 ft. to 122 ft. From _____ ft. to _____ ft.
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What is the nearest source of possible contamination:

1 Septic tank
 2 Sewer lines
 3 Watertight sewer lines
 4 Lateral lines
 5 Cess Pool

6 Seepage pit
 7 Pit privy
 8 Sewage lagoon
 9 Feedyard
 10 Livestock pens

11 Fuel storage
 12 Fertilizer storage
 13 Insecticide storage
 14 Abandoned water well
 15 Oil well/ Gas well

16 Other (specify below) _____

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	3		Native soil
3	6		Bentonite
6	119		Clay
119	122		Bentonite
122	210		Chlorinated Sand

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 4/17/12 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) 6/1/12 under the business name of Woofert Pump & Well Inc. by (signature) <i>[Signature]</i>
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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.