WATER WELL PLUGGING RECORD FORM WWC-5P KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Graham**	**SE** ¼ **NE** ¼ **SE** ¼	**34**	**6**	**24W**

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Delbert Storz**
RR#, St. Address, Box # **5802 S Quatar Circle**
City, State, ZIP Code : **Aurora, CO 80015**

Board of Agriculture, Division of Water Resources
Application Number: 20080530

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

N
NW NE
W E
SW SE X
S

4 DEPTH OF WELL **190** ft.

WELL'S STATIC WATER LEVEL **92** 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 **89** ft. to **92** 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
0	3		**Native soil**
3	6		**Bentonite**
6	89		**Clay**
89	92		**Bentonite**
92	190		**Chlorinated Sand**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **5/10/12** 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) **5/14/12** under the business name of **Woofter Pump & Well Inc.**
by (signature) Jay C Woofter

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.

Original Returned to Sender for Correction Date: 5-29-12

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