

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Thomas	SW 1/4 SW 1/4 SW 1/4	18	6	33 W

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

2 WATER WELL OWNER: Don Woofter	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # 8 Plymouth Drive	
City, State, ZIP Code : Colby, KS 67701	

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

4 DEPTH OF WELL **145** ft.

WELL'S STATIC WATER LEVEL **140** ft.

WELL WAS USED AS:

<input checked="" type="checkbox"/> 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 ☒

If yes, mo/day/yr sample was submitted _____

Water Well Disinfected: Yes ☒ No _____

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 ☒ 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 **137** ft. to **140** 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		Topsoil
3	6		Bentonite
6	137		Clay
137	140		Bentonite
140	145		Chlorinated sand

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **10/14/11** 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) **10/14/11** under the business name of **Woofter Pump & Well Inc.** by (signature) _____

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.

TD. 257

Chlorinated Sand	257-170'
Bentonite	170-167
Clay	167-6.
Bentonite	6-3
Topsoil	3-0