East well

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
county: Thomas	5W1/4NE1/45W14	27	· 7	35	
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER:					
RR#, St. Address, Box #: City, State, ZIP Code: Board of Agriculture, Division of Water Resources Application Number:					
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL3.5ft.					
	WELL WAS USED AS:				
N W N E 1 Domestic 5 Public Water Supply 9 Dewatering Older Trrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well					
		7 Lawn and Garden (Only 11 Injection	y well Well	
W	E 4 Industrial	8 Air Conditioning	12 Other	• • • • • • • • • • • • • • • • • • • •	
S W S E					
If yes, mo/day/yr sample was submitted					
Water Well Disinfected: Yes. Y No					
5 TYPE OF BLANK CASING USED:					
(1) Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)					
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameterin. Was casing pulled? Yes No If yes, how much					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other					
Grout Plug Intervals: From. 4ft. to 6ft., From. 35.ft. to 37.ft., From toft.					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines	7 Pit privy	12 Fertilizer storage	16 Other (spe	ecity below)	
3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide stora 14 Abandoned water w	ige Jell		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well? How many feet?					
FROM TO PL	UGGING MATERIALS				
0 455 TOD	Soil				
4 6 Ben	tonite.				
6 35 Cla	y Dirt.				
35 37 Be	ryonite				
	inated Sand	7			
		/	\		
	· ·	Received K	(GS 4-9-2017)		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed					
on (mo/day/year)					
by (signature)					
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle					
the correct answers. Send top 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.					