

WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Thomas	SE 1/4 SE 1/4 SW 1/4	32	8	31 W
Distance and direction from nearest town or city street address of well if located within city?				

2 WATER WELL OWNER: Ray & Denise Murphy	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # 205 SW 25th St	Application Number: 20090167
City, State, ZIP Code : Blue Springs, Mo 64015	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 195 ft.
	WELL'S STATIC WATER LEVEL 140 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>
	Was a chemical/bacteriological sample submitted to Department? Yes ___ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input checked="" type="checkbox"/> No ___

5 TYPE OF BLANK CASING USED:	<div style="display: flex; justify-content: space-between;"> <div> 1 Steel <input checked="" type="checkbox"/> 2 PVC </div> <div> 3 RMP (SR) 4 ABC </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (specify below) </div> </div>
Blank casing diameter 4.5 in.	Was casing pulled? Yes ___ No <input checked="" type="checkbox"/> If yes, how much _____
Casing height above or below land surface -36 in.	

6 GROUT PLUG MATERIAL:	1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____
Grout Plug Intervals From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	
<div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well </div> <div> 16 Other (specify below) none </div> </div>	
Direction from well? _____	How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
195	140		Chlorinated sand
140	137		Bentonite
137	6		Native clay
6	3		Bentonite
3	0		Native clay

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 3-5-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554783 This Water Well Record was completed on (mo/day/yr) / _____ under the business name of Woofert Pump & Well Inc. by (signature)
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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.