

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Thomas	NW ¼ NW ¼ NW ¼	6	8	33 W

Distance and direction from nearest town or city street address of well if located within city?
SW corner of Mission Ridge Ave. & West Cedar St.

2	WATER WELL OWNER:	City of Colby	Board of Agriculture, Division of Water Resources
	RR#, St. Address, Box #	585 N. Franklin	Application Number:
	City, State, ZIP Code :	Colby, KS 67701	

3	MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 126.4 ft. Well originally completed at 124.8 ft. bgs
		WELL'S STATIC WATER LEVEL 120 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 Air Conditioning 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 ___ No X	

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 in.		Was casing pulled? Yes ___ No X		If yes, how much _____		
Casing height above or below land surface		36 in.		Overdrilled to 3 feet below ground surface		

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Plug Intervals From 0.5 ft. to 126.4 ft.		From _____ ft. to _____ 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	0.5		Soil
0.5	126.4		Neat Cement

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 9-6-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 9-20-05 under the business name of Geotechnical Services, Inc.
	by (signature) <i>William J. Val</i>

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.