

WATER WELL PLUGGING RECORD

FORM WWC-5P

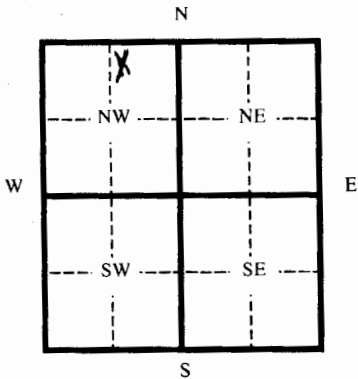
KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Sheridan</b>	<b>NW 1/4 NE 1/4 NW 1/4</b>	<b>4</b>	<b>9</b>	<b>29 W</b>

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

2 WATER WELL OWNER: **Mary Reitcheck**  
 RR#, St. Address, Box # **P. O. Box 141** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Hoxie, Ks 67740** Application Number: 20110047

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



4 DEPTH OF WELL **205** ft.

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft.

WELL WAS USED AS:

- |              |  |                    |
|--------------|--|--------------------|
| 1 Domestic   | 5 Public Water Supply  | 9 Dewatering       |
| 2 Irrigation | <input checked="" type="checkbox"/> 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 \_\_\_\_\_ ft. to \_\_\_\_\_ 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
210	130		<b>Chlorinated Sand</b>
130	6		<b>Clay</b>
6	3		<b>Bentonite</b>
3	0		<b>topsoil</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **04-07-11** 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) **05-24-11** under the business name of **Woofter Pump & Well Inc.**  
 by (signature) *Jerry 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.