

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 SE 1/4 SW 1/4	26	9	32																																				
Distance and direction from nearest town or city street address of well if located within city?																																								
2 WATER WELL OWNER: Howard Trust																																								
RR#, St. Address, Box # c/o Jim Woodall, 856 Rd 30																																								
City, State, ZIP Code : Oakley, KS 67748																																								
Board of Agriculture, Division of Water Resources Application Number: 2008120																																								
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 188 ft.																																							
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div> <div style="display: flex; justify-content: space-between; width: 100%;"> W E </div>			NW	NE			SW	SE	WELL'S STATIC WATER LEVEL 107 ft.																															
	NW	NE																																						
SW	SE																																							
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:																																								
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 <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 3 ft. to 6 ft. From 104 ft. to 107 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? _____																																								
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 9/16/09 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) 9/18/09 under the business name of Woofter Pump & Well Inc. by (signature) <i>[Signature]</i>																																								
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.																																								