		WATER WELL PLUGGING RI	ECORD Form WWC-5P	KSA 82a-1212 ID N	O
1 LOCATION OF WATER W	/ELL:	Fraction	Section Number	Township Number	Range Number
County: Leavenworth		SE 1/4 SE 1/4 MUL/4	10	105	2/ (BW)
Distance and direction from nearest town or city street address of well if located within city?					
I mile W of CR8 5 CR 9 on 20714 St.					
2 WATER WELL OWNER: Scott Reynolds					
RR #, St. Address, Box #: 18387 178344 St. City, State, ZIP Code : Tonganoxic, ICs 66086 Application Number:					
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
N		WELL'S STATIC WATE	R LEVEL ft.		
		WELL WAS USED AS:			
NW NE	<b>=</b> ——	1 Domestic	5 Public Water Supply		
		2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li></ul>		
W   (X)	E	4 Industrial	8 Air Conditioning	12 Other 4	xploreitory
	_	Was a chemical / bacteriolo	gical sample submitted to De	epartment? Yes	No.
SW ————————————————————————————————————					
Water Well Disinfected: Yes No					
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 diameter in. Was casing pulled? Yes No If yes, how much If yes, how much in.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From					
What is the nearest source of possible contamination:					
1 Septic tank 6 Seepage pit 2 Sewer lines 7 Pit privy			11 Fuel storage	16 Other (spe	cify below)
3 Watertight sewer lines		<ul><li>7 Pit privy</li><li>8 Sewage lagoon</li></ul>	<ul><li>12 Fertilizer storage</li><li>13 Insecticide storage</li></ul>	13 Insecticide storage	
4 Lateral lines 5 Cess pool		<ul><li>9 Feedyard</li><li>10 Livestock pens</li></ul>	<ul><li>14 Abandoned water</li><li>15 Oil well/Gas well</li></ul>	well	
Direction from well?					
Direction from well?					
FROM TO PLUGGING MATERIALS					
0 3 6	1119		X 2 u	100/13	
3 BO Bentonite Plug X2 wells					
		7			
			<del></del>		
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on					
Water Well Contractor's License No					
(mo/day/year)					
7 9 000					
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, Geology Section, 1000 SW Jackson					
St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.					