			WATER WELL PLUGGING	RECORD Form WWC-5	P KSA 82a-	1212 ID N	O	
1 LOCA	TION OF WATER WE	ELL:	Fraction	Section Number	Township	Number	Range	Number
County: W	windotte		SEN SEN NEW	34	10	5	25	(E/W
Distance and 2012	direction from neared Fairfax	st town or c	ity street address of well if lo	ocated within city?				
2 WATE	R WELL OWNER	nocoi	hillips Compan	W. I. N.				
RR #, S City, Sta	st. Address, Box #:	218 Ph	llips Bidg 420 .	8. Kecker Aug Board of Agricultu Application Numb	ure, Division of Noer:	Vater Resourc	ces	
	WELL'S LOCATION		4 DEPTH OF WELL	24.97 n				
— AN "X	' IN SECTION BOX: N		WELL'S STATIC WAT	TER LEVEL ft.				
			WELL WAS USED A	S:				
NV	v — NE		1 Domestic 2 Irrigation	5 Public Water Supp6 Oil Field Water Su	•	9 Dewateri 10 Monitorir		
w		Е	3 Feedlot 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning	Garden)	11 Injection		
				•	5		_	••••••
SV	V SE		If yes, mo/day/yr sample	ological sample submitted to was submitted		es	NO	
	S		Water Well Disinfected:	Yes No				
- TVPE	OF BLANK CASING	LISED:			.			
5 1 1 Ste			ought 7 Fiber	glass 9 Other (Specify	helow)			
9 vo	C 4 ABS	6 Asb	·	rete Tile			.1.11	
Blank Casin	casing diameter g height above or be	low land su	Was casing pulled?	Yes No . in.) It	yes, how mu	ch y y	
	T PLUG MATERIAL:		eat cement 2 ement g		Other			
Grout	Plug Intervals:	From 2	7.79 ft. to 0		to ft	., From	to	f
	s the nearest source Septic tank	of possible	contamination: 6 Seepage pit	uel storage		6 Other (spe	oify bolow)	
2 Sewer lines			7 Pit privy	12 Fertilizer storage	•	16 Other (specify below)		
Watertight sewer lines Lateral lines			8 Sewage lagoon 9 Feedyard		14 Abandoned water well			
	Cess pool		10 Livestock pens	15 Oil well/Gas well				
	1		now mai	ny feet?	•••••			
FROM	TO 1		JGGING MATERIALS					
29,49	0 6	Ment	- Grout					
	-							
	-							
7 CONT	DAGTORIO CT	DID CHARLE	BIO OFFITION -					
mo/da (mo/da	ay/year)	11-07	- All	nis water well was plugge and this record is to	rue to the best	of my knowle	dae and halia	f Kanaaa
ス	Well Contractor's Lice	nse No . under the	business game of	This V	Vater Well Rec	ord was comp	oleted on (mo/	day/year)
by (sig	gnature)	A.A/./	U. Ana 1/1					

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.