| | | | WATER WELL | PLUGGING R | ECORD Form WWC-5P | KSA 82a-1212 ID I | NO | |
|--|---|----------------------------------|--|--|--|--|-------------------------|--|
| 1 LOCA | rion of water | R WELL: | Fraction NV 1/4 | V 5W | Section Number | Township Number | Range Number | |
| | | earest town or ci | | . / | ated within city? | | | |
| 2 WATE | R WELL OWNE | A: Interi | national | Paper | | | | |
| | t. Address, Box ate, ZIP Code | # 6400 Memp | Poplar A | 3819- | Application Number | e, Division of Water Resour | rces | |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | depth of well | | | | | |
| | | | WELL W | AS USED AS: | | | | |
| w x | V | NEE | 2 irr 3 Fe | omestic igation eedlot dustrial | 5 Public Water Supply6 Oil Field Water Supp7 Domestic (Lawn & G8 Air Conditioning | oly (10) Monitori sarden) 11 Injection | ng Well | |
| SV | v ——— | SE | If yes, mo/day | /yr sample wa | gical sample submitted to Dess submitted | epartment? Yes | No | |
| <u> </u> | S | | Water Well Di | sinfected: Ye | s NoX | | | |
| 5 TYPE | OF BLANK CAS | ING USED: | | | | | | |
| 6 GROU Grout | casing diameter g height above of T PLUG MATER Plug Intervals: | 6 Asbumin. in. or below land sur | estos-Cement Was cas face at cement 2 2 ft. to | sing nulled? | Yes | | | |
| What is the nearest source of poss 1 Septic tank | | | contamination: 6 Seepage | pit | 11 Fuel storage | 11 Fuel storage 16 Other (specify below) | | |
| 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool | | lines | 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens | | 12 Fertilizer storage13 Insecticide storage | 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well | | |
| Direct | ion from well? | | | How many | feet? | | | |
| FROM | FROM TO | | PLUGGING MATERIALS | | | | | |
| 2 | 30 | Benton | sik Go | unt | | | | |
| 0 | 2 | Top | 4 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 CONT | RACTOR'S O | ANDOWNER | R'S CERTIFIC | ATION: This | water well was plugged | under my jurisdiction a | and was completed on | |
| Water | Nell Contragor's | | business nam | ie of | and this record is true. This Wa | er Well Récord was com | pleted on (mo/day/year) | |

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.