		WATER WELL PLUGGING R	ECOND FORM WWC-5P	NSA 82a-1212 ID N	10
1 LOCATION	OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Wy	ando He	NE NW SW	27	10	25 _@
Distance and direction from nearest town or city street address of well if located within city? 401 Kindleberser Road KC, KS 66115					
2 WATER WELL OWNER: Tonternal Parcer					
2 WATER WELL OWNER: International Paper RR #, St. Address, Box #: 6400 Poplar Ave. Board of Agriculture, Division of Water Resources					
City, State, Z	IP Code : Mcr	phis TN 3819	Application Number		
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: DEPTH OF WELL					
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL					
		WELL WAS USED AS:			
NW	NE	1 Domestic	5 Public Water Supply		
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G		
W X	E	4 Industrial	8 Air Conditioning	12 Other	
SW SE Was a chemical / bacteriological sample submitted to Department? Yes					
		Water Well Disinfected: Ye	V		
	S	Water Well Distributed.	NO		
5 TYPE OF BI	LANK 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					
Casing heig	tht above or below land s	urface + U.S.L. mx # .n.T	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 11 Fuel storage 16 Other (specify below)					
2 Sewer lines		7 Pit privy	12 Fertilizer storage		
3 Watertight sewer lines 4 Lateral lines		8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water v		
5 Cess p	oool	10 Livestock pens	15 Oil well/Gas well		
Direction from well? How many feet?					
FROM	TO PI	LUGGING MATERIALS			
2 3	30 Bent	onik Grout			
0 :	2 700	So. 1			
		J = 1 1			
	A 14				
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
Water Well Contractor's Uncerse No					
by (signatu		e business name of	y- v- A unia	ver sacr, in	156.4
INSTRUCTIONS	S: Use typewriter or bal	l point pen. <u>Please press firr</u>	mly and print clearly. Plea	se fill in blanks, underlin	e or circle the correct
answers. Send to	op three copies to Kan	sas Department of Health ar	nd Environment, Bureau o	of Water, Geology Section	n, 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.