		WATER WELL PLUGGING RE	CORD Form WWC-5P	KSA 82a-1212 ID N	O	
1 Cou	LOCATION OF WATER WELL:	NE NW SW	Section Number 27	Township Number	Range Number	
Dis	stance and direction from nearest town		ted within city?			
401 Kindleberger Road KC, KS 66115						
2	WATER WELL OWNER: In	emational Paper	^			
	RR #, St. Address, Box #: City, State, ZIP Code: Memphis TN 38197  Board of Agriculture, Division of Water Resources Application Number:					
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:    A   DEPTH OF WELL					
	N I					
		WELL WAS USED AS:				
	NW NE	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supply</li></ul>			
w		3 Feedlot E 4 Industrial	7 Domestic (Lawn & G 8 Air Conditioning	arden) 11 Injection	Well	
"	X	- 4 moustner	3			
	SW SE	Was a chemical / bacteriolog If yes, mo/day/yr sample was	gical sample submitted to De	epartment? Yes	٧o <b>.</b>	
'	S	Water Well Disinfected: Yes	s No <b>/</b>			
5 TYPE OF BLANK CASING USED:						
لـــّـا	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
	Blank casing diameter in Casing height above or below land	. Was casing pulled?	Yes No n.	If yes, how mu	ch	
6	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:						
Septic tank     Sewer lines		<ul><li>6 Seepage pit</li><li>7 Pit privy</li></ul>	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>	16 Other (spe	cify below)	
3 Watertight sewer lines		8 Sewage lagoon	13 Insecticide storage			
4 Lateral lines 5 Cess pool		9 Feedyard 10 Livestock pens	<ul><li>14 Abandoned water v</li><li>15 Oil well/Gas well</li></ul>	well		
Direction from well? How many feet?						
	FROM TO	PLUGGING MATERIALS				
	2 30 Ben	1. 1) C L				
	0 0	this brows				
		ncrete				
7	CONTRACTOR'S OF LANDOW	INER'S CERTIFICATION: This	water well was blugged	under my jurisdiction a	nd was completed on	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Litense No.  This Water Well Record was completed on (mo/day/year) under the business name of the bus						
Water Well Contractor's Litense No						
by (signature)						
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	St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.					