	MW-Z		W	ATER WELL PLUGGING RECO	RD Form WWC-5P KSA	82a-1212 ID NO		
				Fraction	Section Number	Township Number	Range Number	
County: W	County: Wyandotte			1E45E 45E 4	28	105	25 E	
Distance and	direction from	m nearest tow		y street address of well if lo	-			
	-			Kansas City,	الان			
RR #, St.	WELL OWNE Address, Box e, ZIP Code	R: Permat #: 3255 	Har	vester Rd. Hy, KS		Board of Agriculture, Division of Water Resources Application Number:		
	WELL'S LOCA IN SECTION	TION WITH	4	DEPTH OF WELL	4 22 56			
N			.	WELL'S STATIC WATER LEVEL				
				WELL WAS USED AS:				
N	N W N E			1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well				
w			Е	3 Feedlot4 Industrial	7 Domestic (Lawn 8 8 Air Conditioning		on Well	
	ļ			Was a chemical / bacteri	ological sample submitte	ed to Department?Yes	No.**	
s	w <u> </u>	s X		If yes, mo/day/yr sampl	e was submitted			
	S	,	,	Water Well Disinfected:	res No			
5 TYPE (OF BLANK CA	CINC LICED						
1 Stee 2 PVC Blank Casing	4 AB	_	Asbe	ght 7 Fiberglestos-Cement 8 Concre Was casing pulled?	te Tile	/ below)	uch 20 f+	
6 GROUT	PLUG MAT			cement 2 Cement grou	_			
Grout I	Plug Interval	s: Fron	n 3 .	Σft. to	From ft. to	oft., From	to ft.	
		t source of p	ossible	e contamination:				
1 Septic tank 2 Sewer lines				6 Seepage pit7 Pit privy		12 Fertilizer storage		
3 Watertight sewer lines 4 Lateral lines				8 Sewage lagoon9 Feedyard	13 Insecticide stor14 Abandoned wat	-		
1	ess Pool			10 Livestock pens	15 Oil well/Gas we			
Direct	tion from we	II?		How many	feet?			
FROM	FROM TO PL		PLUGG	ING MATERIALS				
35	35 3 Bento,		onif	le Grout				
3	0	7005						
7 CONTI	RACTOR'S day/year)	OR LANDO	WNER	'S CERTIFICATION: Thi	s water well was plugg and this record is true	ed under my jurisdictio e to the best of my knowle	n and was completed edge and belief. Kansas	

on (mo/day/year) 12/4/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 70 This Water Well Record was completed on (mo/day/year) upder the business name of Delaw 6 or of Surface The by (signature)

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.