				WATER WELL PLUGGING R	ECORD	Form WWC-5P	KSA 82a-	1212 ID N	0		
1 LOCAT	LOCATION OF WATER WELL:			Fraction	Section	Number	Township	Number	Range	Number	
County: Pottawatomie				SW¼ SW¼ SE¼	03		10S		08E	E/W	
			or ci	ty street address of well if loc	ated within c	ity?					
1 1 m	iles East	and 1 n	ni 1e	North of Manhatt	an						
2 WATER	DAITH OMAI	. Potta	awat	tomie County							
	WATER WELL OWNER: Pottawatomie County Timbercreek East Water District RR #, St. Address, Box #: 612 E. Campbell St. Board of Agriculture, Division of Water Resources										
				Campbell St. eland, KS 66549		ard of Agriculture plication Number		Vater Resourc	es		
3 MARK	WELL'S LOCA	ATION WITH		4 DEPTH OF WELL ft.							
AN "X"	AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL 13.1 ft.							
				WELL WAS USED AS:							
——N∧	/	— NE ——	1	1 Domestic		lic Water Supply Field Water Supp		9 Dewateri 10 Monitorin	•		
				2 Irrigation 3 Feedlot		nestic (Lawn & G		11 Injection			
W			E	4 Industrial	8 Air (	Conditioning		12 Other			
sv				Was a chemical / bacteriological sample submitted to Department? Yes							
				Water Well Disinfected: YesX No							
5 TYPE OF BLANK CASING USED:											
<u> </u>				h. 7 Fiberel	0	Other (Cresity b	-law)				
1 Stee		` '		ught 7 Fibergl estos-Cement 8 Concre		Other (Specify b	,				
Blank	casing diamet	er6" i or below lan	n. d sur	Was casing pulled? face6.0."	Yes	No .	l	f yes, how mu	ch		
GROU				at cement 2 Cement gro		entonite 4 (	Other				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Pentonite 4 Other											
	•			contamination:	.,		-	,			
	eptic tank			6 Seepage pit 11 Fuel storage 16 Other (specify b					cify below)		
2 Sewer lines				7 Pit privy	12 Fe	ertilizer storage			•		
3 Watertight sewer lines				8 Sewage lagoon		13 Insecticide storage (14 Abandoned water well 2 plugged wells					
4 Lateral lines 5 Cess pool				9 Feedyard 10 Livestock pens		15 Oil well/Gas well					
NE 60 Power of the Control of the Co											
Direct	ion nom wen:	E		Trow man	, 100t:	J					
FROM				JGGING MATERIALS							
61'	8'			ed Sand							
8'			iite	plug & cap							
5 <b>'</b>	+6"	Compac	tec	l clean soil							
7 CONT	RACTOR'S	OF LANDON	WNE	R'S CERTIFICATION: Thi	s water we	ell was plugged	d under my	urisdiction a	and was cor	npleted on	
Water	Well Contracto	r's License No	)			This W	ater Well Red	ord was com	pleted on (m	o/day/year)	
05	/.05/.06	unde	r the	business name of							
	Pot	tawatom:	<u>ie</u>	County Sanitarian							
INCTRICT	IONO, Hos 4	mounitor ar	hall	noint non Places proce fi	malu and a	int clearly Dis	ooo fill in blo	aka undarlir	an or airala t	ha correct	

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.







