			WATER WELL PLUGGING F	RECORD	Form WWC-5P	KSA 82a-1	212 ID N	10.MW	23
1 LOCATION OF WATER WELL:			Fraction	Section Number		Township Number		Range	Number
County:	Shownee		5W4 NE 4 SE 14	1	6	H		16	Œ⁄w
Distance a	nd direction from nea	rest town or o	ity street address of well if loo	cated within ci	ity?			l	
(	624 Nn	1 t	lighway 24	Top	reku				
2 WA	TER WELL OWNER:	DL	Rodgers Corp.	. ,					
	, St. Address, Box #: State, ZIP Code :		0 x 2323 Cify, OK	App	ard of Agriculture		ater Resourc	ces	
l l	RK WELL'S LOCATION		4 DEPTH OF WELL		-				
AN	"X" IN SECTION BOX	<b>K</b> :	WELL'S STATIC WATI	ER LEVEL 2	4.8 ft.				
	N		WELL WAS USED AS	:					
	NW N	IE ——	1 Domestic 2 Irrigation		ic Water Supply ield Water Suppl	ly	9 Dewateri Monitorir		
w		Ε	3 Feedlot 4 Industrial	7 Dom	estic (Lawn & Ga Conditioning	arden)	11 Injection		
					ŭ				
	sw — s	.E <del>✓</del>	Was a chemical / bacteriolo	ogical sample as submitted	submitted to De	partment? Yes		No	
			Water Well Disinfected: Y						·
	S		vvater vveii Disiniected.	es N					
5 TYP	PE OF BLANK CASIN	IG USED:							
1 S 	Steel 3 RMP (S	,	ought 7 Fiberg		Other (Specify be				
Bla	nk casing diameter	in.	Was casing pulled?	Yes			es, how mu	ch A. [ ]	
Cas	sing height above or	elow land su	rface <b>6</b>	in.					
0	OUT PLUG MATERIA		eat cement 2 Cement gro			Other			
	ut Plug Intervals:		ft. to 20 ft	, From	ft. to	· tt.,	From	to	f
What is the nearest source of possib  1 Septic tank			6 Seepage pit	<b>⊘</b> Fue	<b>⊘</b> Fuel storage		16 Other (specify below)		
2 Sewer lines			7 Pit privy	12 Fei	12 Fertilizer storage				
<ul><li>3 Watertight sewer lines</li><li>4 Lateral lines</li></ul>		es	<ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>	14 Ab	<ul><li>13 Insecticide storage</li><li>14 Abandoned water well</li></ul>				
5	Cess pool	<i>~</i>	10 Livestock pens	15 Oil	well/Gas well				
Dire	ection from well?	SW	How man	y feet?	475				
FROM	то	PL	JGGING MATERIALS						
0		Nath	re Soil						
1	20	Grav							
	125	(3/80	<u> </u>						
—	/day/year)!. er Well Contractor's Lie	کرہ ) اگر / cense No.	R'S CERTIFICATION: Thi	and th	nis record is true	to the best of ter Well Recor	f my knowle d was comp	dge and beli bleted on (mo	ef. Kansas o/day/year)
	-:	µnde/ the	business name of	10 X C					
INSTRUC			point pen. <u>Please press fi</u>						
answers.	Send top three cop	pies to Kans	as Department of Health a 67. Telephone: 785/296-5	and Environr	nent, Bureau o	of Water, Geo	logy Section	n, 1000 SW	/ Jackson