					WATER WELL PLUGGING RI	ECORD Fo	orm WWC-5P	KSA 82a-1	212 ID N	o. <b>M</b> W	1	
1	LOCATI	ON OF WAT	ER WELL:		Fraction	Section	Number	Township	Number	Range	Number	
Col	County: Shawner			(	SN 14 NE 14 SE 14	30		11		16	<b>(E)</b> W	
Dis	tance and d	lirection from $21~\omega$ .	nearest town	or o	ity street address of well if local	ated within city	?					
2	WATER	WELL OWN	<sub>IER:</sub> UNIC	Š	racitic,	00>		, , , , , , , , , , , , , , , , , , ,				
RR #, St. Address, Box #: 1416 Bodge Street, Room 930 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Chaha, NE 18179 Application Number:												
3		MARK WELL'S LOCATION WITH			4 DEPTH OF WELL ft.							
	AN "X" IN SECTION BOX:			_	WELL'S STATIC WATER LEVEL ft.  WELL WAS USED AS:							
w												
	NW	NW NE			1 Domestic 2 Irrigation	Water Supply Id Water Supp	ater Supply 40 Monitoring Well					
				E	3 Feedlot 4 Industrial	7 Domes 8 Air Cor	stic (Lawn & G nditioning	,	11 Injection \ 12 Other	Well		
	SW	sws <sub>E</sub> X			Was a chemical / bacteriolo	gical sample su	ubmitted to De	partment? Yes		loX		
			Ī		If yes, mo/day/yr sample wa		V.					
Water Well Disinfected: Yes NoX												
5	5 TYPE OF BLANK CASING USED:											
	1 Stee 2 PVC	I 3 RM 4 ABS	' '		ought 7 Fibergla sestos-Cement 8 Concre		her (Specify b	elow)				
	_		teri e or below lan		Was casing pulled?	Yes in.	No	If y	yes, how mud	ch		
6	GROUT	PLUG MATE	ERIAL:	1 Ne	eat cement 2 Cement grou	ut 3 Bent	onite 4 C	Other				
	Grout Plug Intervals: From											
	1 Se	ptic tank	source or pos	Sibio	6 Seepage pit	11 Fuel:	3		Other (spec			
2 Sewer lines 3 Watertight sewer lines				7 Pit privy 8 Sewage lagoon	13 Insec	izer storage ticide storage		LUST 9		)		
	4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens		doned water v ell/Gas well	well					
	Direction	on from well?			How many	feet?						
FROM TO			PLUGGING MATERIALS			1	1010	S				
						lv	(W -	- V V V	12/1	$\supset$		
							DE	Wa STRC	75	Z!		
							سعرا					
7	CONTF (mo/day	RACTOR'S (	OF LANDOV	VNE	R'S CERTIFICATION: This	water well v	was plugged record is true	under my ju e to the best o	risdiction a	nd was com dge and beli	ipleted on ef. Kansas	

Water Well Contractor's License No. 524 This Water Well Record was completed on (mo/day/year)

by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the 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.