WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

Plugging MW 3

1 100171	DN OF 11475	D 11511 -	F	Continu Number	Township Number	Danna Numban	
∟ i	ON OF WATE		Fraction	Section Number	Township Number	Range Number	
	Nyounde		NW1/4 NEJ/4 SE1/4		115	248	
Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELL OWNER: KOSTE-TURNEVRUMP Station							
RR#, St. Address, Box #: Time 3 Matricelo Board of Agriculture, Division of Water Resources							
City, State, ZIP Code: 114-106-11611 Application Number:							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
WELL'S STATIC WATER LEVEL. 42.0.6ft.							
WELL WAS USED AS:							
	¦ w	N,E	1 Domestic	5 Public Water Supp			
	2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well						
"	E 4 Industrial 8 Air Conditioning 12 Other						
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo.X.							
If yes, mo/day/yr sample was submitted							
Water Well Disinfected: Yes No							
5 TYPE OF BLANK CASING USED:							
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameterin. Was casing pulled? YesX No If yes, how much. 3in.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4)Other							
Grout Plug Interval From 2.06ft. to .3ft., From 3ft. to .9ft., From toft.							
What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit 11 Fuel storage (16 Other (specify below)							
2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage CON Taminated SU							
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well? How many feet?							
FROM	то	PLL	IGGING MATERIALS				
48	42.06	chloring	bdsand/.12966	13)			
42.04	3		te (.852 ft 3)	7			
3	0	soil	(2F43)				
		Osen (
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
on (mo/day/year)							
by (signature)							
DE TOMORIO DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE							

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.