		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	0	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
	11 my Sotto	141 E. SE	5	//	H A	
Cou	ance and direction from nearest town or	city street address of well if loc	ated within city?		_ / (ENV	
7850 Freeman AW Vances Litar VS						
2	WATER WELL OWNER: KC H	PS MH MI	7	1	/	
لـــا	RR #, St. Address, Box #: 755	Freemar	AVE and as A autouthur	, Division of Water Resour	1/1/14	
	City, State, ZIP Code	415/11/1	Application Number		des 10000 /	
3	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	ft.			
\vdash	AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ft.					
Г	N WELL WAS LISED AS:					
		WELL WAS USED AS:				
	NWNE	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supp			
		3 Feedlot	7 Domestic (Lawn & G	arden) 41 Injection	Well	
W	X E	4 Industrial	8 Air Conditioning			
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes					
	If yes, mo/day/yr sample was submitted					
[Water Well Disinfected: Ye	es No			
-						
TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter in. Was casing pulled? Yes No If yes, how much						
Casing height above or below land surface in.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromft., Fromft.						
What is the nearest source of possible contamination:						
	1 Septic tank2 Sewer lines	6 Seepage pit7 Pit privy	11 Puel storage 12 Fertilizer storage	16 Other (spe	•	
	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage			
	4 Lateral lines 5 Cess pool	9 Feedyard10 Livestock pens	14 Abandoned water v15 Oil well/Gas well	well		
	·					
Direction from well? How many feet?						
FROM TO PLUGGING MATERIALS						
	0 3 50	1				
-	2 1112	10 10				
	5 14 Den	Maite				
	,					
		*				
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Well Contractor's License No						
by (signature) under the business name of LUV AVIII AVIII (ACC)						
INSTRUCTIONS: Use throughout and point and Planes are simply and print clearly. Places fill in blanks, underline as simple the assert						
INSTRUCTIONS: Use typewriter or ball point pen Please press firmly and print 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						
l an	St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.					