Form WWC-5P

KSA 82a-1212

	WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: Wyardoffe		NW1/4 NE1/4NE1/4	8	118	24E
Distance and d	irection from near $/0//$	rest town or city stree N 80 th Terrace	t address of well if	located within city?	
2 WATER WELL	OWNER: Kansag	City Karses			
RR#, St. Addre City, State, Z	ss, Box #: [01] IP Code : Kargo	N 80th Terrace as City Lasas	Board of Agric Application N	culture, Division of U umber:	Water Resources
3 MARK WELL'S AN "X" IN S	LOCATION WITH	4 DEPTH OF WELL			
	N	WELL'S STATIC WAT	ER LEVEL!.8	ft.	
	×	WELL WAS USED AS:			
	N E	1 Domestic			
		2 Irrigation 3 Feedlot		Only 11 Injection	Well
W		E 4 Industrial	8 Air Conditioning	12 Other	
	S_E		eriological sample s ample was submitted.	ubmitted to Departmen	t? YesNo
		Water Well Disinfec	ted: YesNo.	••••	
5 TYPE OF BLA	S NK CASING USED:				
₽.	RMP (SR) 5 Wro	ught 7 Fiber	glass 9 Other	(specify below)	
2 PVC 4	ABS 6 Ash	estos-Cement 8 Concr	ete Tile		
Blank casin	g diameter2	in. Was casing	pulled?Yes 🏃	No If yes, how	much All
Blank casing diameterin. Was casing pulled? Yes No If yes, how muchin. Casing height above or below land surfacein. 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
6 GROUT PLUG			•		
Grout Plug	Intervals: Fro	m./e.9.ft. to./.9ft	., Fromft. to	oft., From	toft.
What is the	nearest source o	f possible contamination	n:		
1 Septic tank 6 Seepage pit TFuel storage Flowered 16 Other (specify below)					
2 Sewer lines 7 Pit privy 12 Fertilizer storage					
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well					
Direction f	A)	TO IT YOU SOUN POINS	How many feet?	_	
		LICCING MATERIALS	now many reet?	• • • • • • • • • • • • • • • • • • • •	
		UGGING MATERIALS			
1.0	D Topso	1 01.			
1.0	Dento	mite Chips			
			_		
7 000-00					والمراجعة المساد
→ on (mo/day/ Water Held)	year) D. 1141.7. P ontractor's Lice	ERTIFICATION:This wate and this reco	rd is true to the be This Water Wel+	st of my knowledge an Redord was completed	and was completed d belief. Kansas on (mo/day/year)
by (signatu		under the business nam	e of . r . <i>p.u.</i>		

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.