Form WWC-5P

KSA 82a-1212

ID NO. MW-F

1	LOCATION OF WATER WELL:			Fraction	Section	Number	Township	Number	Range	Number	
County: WVANNOTTE			44 45 4 5W 14	7	i)	11		75	(<u>)</u> /w		
Distance and direction from nearest town or city street address of well if located within city?											
1177 SUUTHWEST BLUB., KANSAS CITY, KS.											
WATER WELL OWNER: MC CAUSTRIUW, INC. Board of Agriculture, Division of Water Resources Board of Agriculture, Division of Water Resources											
RR #, St. Address, Box #: 10.000 MO ULOIZ Board of Agriculture, Division of Water Resources Application Number:											
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:					4 DEPTH OF WELL						
ļ,	N N				WELL'S STATIC WATER LEVEL ft.						
		NWNE			WELL WAS USED AS:						
	NW				1 Domestic 2 Irrigation		c Water Supply eld Water Supp		9 Dewateri (10) Monitorin		
w				E	3 Feedlot 4 Industrial		estic (Lawn & Gonditioning	arden)	M Injection		
					Was a chemical / bacteriolo	gical sample	submitted to De	epartment? Ye	s I	Vo ✓	
	SW SE				If yes, mo/day/yr sample was submitted						
		S	<u> </u>		Water Well Disinfected: Yes No						
5 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 .6.7.2 in. Was casing pulled? Yes No											
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
Grout Plug Intervals: From											
1 Septic tank					6 Seepage pit (1) Fuel storage (FUZNEZ) 16 Other (specify below)						
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 12 Fertilizer storage						•••••		
4 Lateral lines 5 Cess pool				./	10 Livestock pens 15 Oil well/Gas well						
Direction from well?											
FROM TO PL					UGGING MATERIALS						
0 3 COMPACT			(th 5016								
	3	M	BENY	Û	ITE CHIPS						
		A-11-			4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						
					EDIO OFFICIALISM -			under mit	urio di o st o o	nd was so-	ploted or
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed or (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas											ef. Kansas
Water Well Contractor's License No. Water Well Decord was completed on (mo/day/year) Mater Well Decord was completed on (mo/day/year)											
		n'ature)	<u> </u>								
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											Jackson

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.