WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO._____

1	LOCAT	ION OF WAT	ER WELL:	Fra	ction	Section	Number	Township	Number	Range I	Number	
Cou	_{inty:} // /	andst	K	Uh	WE 1/4 NETA	2		11	5	25	<u>J</u> w	
Dist	ance and	direction from	nearest town	or city str	eet address of well if lo	ocated within city	?					
<u> </u>	<u> </u>	turta	CRUC	3 p	VII.5	<u> </u>						
2	WATEF	WELL OWN	ER: (01(0(A PN	s Bidg. 420s	Vorlex R	de	District of M	latan Bassun			
•	City, Sta	. Address, Bo te, ZIP Code	×# Klo P Barti	10101 150	e AV 74604	Applie	ation Number	r:	aler Hesourc	.es		
3			ATION WITH	4	DEPTH OF WELL	3/./6	ft.					
	AN "X" IN SECTION BOX: N				WELL'S STATIC WATER LEVEL ft.							
		_ ,			WELL WAS USED AS	S :						
-	—— n'w	×	- NE		1 Domestic		Water Supply		9 Dewateri			
					2 Irrigation3 Feedlot		ld Water Supp stic (Lawn & G		Monitorin			
W				E	4 Industrial		nditioning	ŕ	12 Other			
-					Was a chemical / bacteriological sample submitted to Department? Yes							
					If yes, mo/day/yr sample was submitted							
L	S				Water Well Disinfected: Yes No							
5	TYPE C	F BLANK CA	ASING USED:									
	1 Stee			Wrought	7 Fiber		her (Specify b	elow)				
		4 ABS asing diamet	er)_ in		Was casing pulled?	rete Tile Yes .	No	If	yes, how mu	ch <i>All</i>		
1	Casing	height above	or below land	surface .						····		
6	GROUT PLUG MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other											
		•	eource of poss			n., From	II. IC	ο π.,	From	10	Г	
	1 Se	1 Septic tank			Seepage pit	11 Fuel	11 Fuel storage 1			6 Other (specify below)		
		Sewer lines Watertight sewer lines			Pit privy Sewage lagoon		12 Fertilizer storage					
	4 La	4 Lateral lines 5 Cess pool			Feedyard Livestock pens	14 Abar	14 Abandoned water well 15 Oil well/Gas well					
		•			•	۱۶ ۵۱ w 						
						——————————————————————————————————————		••••••				
<u> </u>	FROM	TO			IG MATERIALS							
31	1.16	0	Cem	ent	STOUN							
*												
			W									
7	CONTR	RACTOR'S	F LANDOW	NEE'S	CERTIFICATION: Th	is water well	was plugged	under my ju	risdiction a	nd was compl	eted on	
	(mo/da; Water V	y/year) //. /el Contr <u>ac</u> to:	's License No.	·/	104	and this	record is true This Wa	e to the best o ter Well Reco	of my knowle rd was comp	dge and belief. lleted on (mo/d	Kansas ay/year)	
	7	nature)			ness name of	VIAKS						
18.15			J WY				alaoshi Dis-	oo fill in bla-	ما المعال عا	o or circle the	oorroot	
					pen. <u>Please press f</u> epartment of Health							
					elephone: 785/296-5							

