			WATER	R WELL PLUGGING F	RECORD	Form WWC-5P	KSA 82a-1212	17 ON DI	·wi	w-Z
1 LOCAT	LOCATION OF WATER WELL:			Fraction		on Number	Township Nur	mber Range	Range Number	
County: U	yandot	He	NE	NW NW		26	115		7 =	(E)w
	direction from	nearest town or	city stree	t address of well if loc	ated within	city?				
27	Sout	hwest B	ludi,	Kansas (
2 WATER	R WELL OWN	ER: Qutk	The	Corporation	n '					
RR #, St City, Sta	. Address, Bo te, ZIP Code	x#: PO B	Board of Agriculture, Division of Water Resources Application Number:							
3 MARK WELL'S LOCATION WITH			4 [DEPTH OF WELL	18.22	ft.				
AN "X"	IN SECTION	BOX:	\ \	WELL'S STATIC WATE	R LEVEL	11.16 ft.				
	N		١ ،	WELL WAS USED AS	:					
X NW	,	_ NE		1 Domestic	5 Pı	ublic Water Supply	.9 De	ewatering		
I				2 Irrigation	6 Oi	Field Water Supplomestic (Lawn & Ga	у 🔞 м	onitoring Well		
w		- E		3 Feedlot4 Industrial		r Conditioning	,	ection Well ther		
			Was	a chemical / bacteriolo	ogical sami	ole submitted to De	partment? Yes	No X		
sw	1	- SE	If yes	, mo/day/yr sample w	as submitte	edbe				
			Wate	r Well Disinfected: Y	es	No. Y				
	S									
5 TYPE (OF BLANK CA									
1 Stee			/rought sbestos-C	7 Fiberg Cement 8 Concre		Other (Specify be				
		er	surface	Was casing pulled?		X No	If yes, h	ow much3	4	
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other										
	-	source of possib								
	eptic tank			Seepage pit		uel storage	16 Othe	16 Other (specify below)		
2 Sewer lines3 Watertight sewer lines				Pit privy Sewage lagoon		Fertilizer storage Insecticide storage	•			
4 Lateral lines 5 Cess pool				eedyard Livestock pens		Abandoned water w Oil well/Gas_well	/ell			
	on from well?	SW		•	y feet?	95'				
Directi	on non wen:			110W man	y 1001:					
FROM	ТО	Р	LUGGING	MATERIALS						
18122 3 clip6		rentourte Chydrated		3 \						
3 0.16 topso		rl (co	impacted)							
8119	grado	Sod		. ,						
	U									
7 CONTI	RACTOR'S (OF LANDOWN	IER'S CI	ERTIFICATION: Thi	s water w	vell was plugged	under my jurisdic	tion and was c	omplet	ted on
Water V	Vell_Contractor	's License No		ss name of	and	This Wat	ter Well Record wa	s completed on (mo/day	y/year)
	751 0 nature)	tu under	ne busin	ess name of	irg with	4 Crivinga A	APMAI LIC			

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.