					WATER WELL PLUGGING RI	ECORD Form WWC-5P	KSA 82a-1212 ID I	NO. 14W-Z	
1 LOCATION OF WATER WELL:					Fraction	Section Number	Township Number	Range Number	
County: Wandotte					של אבל אשל	22	TIIS	R 25 COW	
Dis	stance and	direction from	nearest town		ity street address of well if local	ted within city? Kansas CH4			
2	WATE	R WELL OWN			Projects				
		t. Address, Bo ite, ZIP Code	x#: PO	B	0 x 5306 s Cify ks 66119	Board of Agriculture Application Number	e, Division of Water Resour	rces	
3	MARK WELL'S LOCATION WITH				4 DEPTH OF WELL				
	AN "X" IN SECTION BOX:				WELL'S STATIC WATER LEVEL 26:26 ft.				
w	NM NE]	WELL WAS USED AS:				
				_	1 Domestic	5 Public Water Supply			
					2 Irrigation 6 Oil Field Water Supply 70 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other				
			E						
	SW SE								
	S				Water Well Disinfected: Yes				
				Trace train promised to the man and the ma					
5	TYPE	OF BLANK CA	ASING USED:	:					
	1 Stee	el 3 RM 3 ABS	, ,		ought 7 Fibergla estos-Cement 8 Concret		elow)		
	Blank	casing diamet	er 2 i		Was casing pulled?		If yes, how mu	uch3.	
					facei				
6		T PLUG MATE Plug Intervals:		1 No	eat cement 2 Cement grou	_	Other ft From		
					contamination:		, tu,		
		Septic tank Sewer lines			6 Seepage pit	uel storage 694	Tuel storage (Same) 16 Other (specify below)		
	3 W	Vatertight sewer lines			7 Pit privy8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage			
		Lateral lines Cess pool			9 Feedyard10 Livestock pens	14 Abandoned water v15 Oil well/Gas well	well		
	Directi	on from well?	SW)	How many	feet? 50 '			
FROM TO PLU				PLI	JGGING MATERIALS				
91		0.51			ncrete				
0.15		3'			Deser!				
3'		29,94				. A			
					p venionite cayoran	<u> </u>			

7	CONTI	RACTOR'S (OF LANDON	VNE	R'S CERTIFICATION: This	water well was plugged	under my jurisdiction a	and was completed on	
	mo/da/ Water ע	y/year) Vell Contractor	's License No.		Iguaria.	and this record is true			
	6.(bv (sig	nature)	under	rthe	business name of	g utly Eautronine	ter Well Record was com		
IN					point pen. Nease press firm	aly and print clearly. Place	se fill in blanke underlin	ne or circle the correct	
an	swers. Se	nd top three	copies to K	ans	as Department of Health an	d Environment, Bureau o	of Water, Geology Section	on, 1000 SW Jackson	
St	., Ste. 420	, Topeka, Ka	ansas 66612	2-13	67. Telephone: 785/296-552	22. Send one to Water W	ell Owner and retain on	e for your records.	