	WATER WELL PLUGGING RI	ECORD Form WWC-5P	KSA 82a-1212 ID N	o <u>354-00-PZ</u> /9
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: GEARY	SE4 SE 4 5W4	28	115	6 ÆW
Distance and direction from nearest town or city street address of well if located within city?				
μΑ				
2 WATER WELL OWNER: US ARMY Directorate of ENVIYON MENT & SAFETY				
RR #, St. Address, Box #: 407 Pershin) Court Board of Agriculture, Division of Water Resources City, State, ZIP Code: Ft Rile; KS 66442 Application Number:				
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL			
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL				
N NE NE E	WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply6 Oil Field Water Supply7 Domestic (Lawn & Ga8 Air Conditioning	arden) 11 Injection	ng Well
SW SE SE Was a chemical / bacteriological sample submitted to Department? Yes				
Water Well Disinfected: Yes No				
S				
5 TYPE OF BLANK CASING USED:				
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 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other)				
Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft., From ft., From ft.				
What is the nearest source of possible contamination:				
 Septic tank Sewer lines Watertight sewer lines Lateral lines Cess pool 	6 Seepage pit7 Pit privy8 Sewage lagoon9 Feedyard10 Livestock pens	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water w 15 Oil well/Gas well		cify below)
Direction from well? How many feet?				
FROM TO PLI	UGGING MATERIALS			
	DOGING MATERIALS			
, , , , ,	r +			
3 26 Natural				
· ·				
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No				
Water Well Contractor's License No. O.9./30/04 under the business name of CSACE-WWK-EC-G6 by (signature)				
The best Ellout				
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 St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.				