		WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212	D NO. PZ- P
1 LOCA	TION OF WATER WELL:	Fraction	Section Number	Township Numbe	er Range Number
County: ZeAZY		NN45W 4 5W4	28	11 5	6 TEM
		wn or city street address of well if loo	cated within city?		V
	operation as		UA		
2 WATE	R WELL OWNER: US	ARMY Directorate	of Environmen	to SA fety	
	St. Address, Box #: 40	7 Pershin, Court	Board of Agriculture Application Number	, Division of Water Reso	ources
3 MARI	WELL'S LOCATION WIT	DEDTH OF WELL	<i>30</i> 0 ft.		
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL					
	N I	WELL WAS USED AS		0 P	Audo
N N	W ———— NE ———	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supp</li></ul>	9 Dewa ly 10 Monit	
w		→ E 3 Feedlot 4 Industrial	<ul><li>7 Domestic (Lawn &amp; G</li><li>8 Air Conditioning</li></ul>	· · · · · · · · · · · · · · · · · · ·	ion Well
			·		
SW SE SE Was a chemical / bacteriological sample submitted to Department? Yes					
Water Well Disinfected: Yes No					
S Water Well Distributed. Tes					
5 TYPE	OF BLANK CASING USE	D:			
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
2 PV		6 Asbestos-Cement 8 Concre			
Blank Casir	casing diameter3,44 g height above or below la	was casing pulled? and surface PATA NOT Collected	Yes No	If yes, how	much
0	JT PLUG MATERIAL:	Neat cement 2 Cement gro		Other	
	9	om ft. to ft	., Fromft. to	ft., From .	to 1
What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below					
2 9	Sewer lines	7 Pit privy	11 Fuel storage 12 Fertilizer storage		
Watertight sewer lines     Lateral lines		8 Sewage lagoon 9 Feedyard	<ul><li>13 Insecticide storage</li><li>14 Abandoned water v</li></ul>		
	Cess pool	10 Livestock pens	15 Oil well/Gas well		
Direc	tion from well?	How many	y feet?		
FROM TO PLUGGING MATERIALS					
_					
Ò	3 F:11	Dirt - Comout			
3_	30.0 Axat	L Comout			
(mo/da	av/vear) <i>O.8/.1.//.</i>	OWNER'S CERTIFICATION: This	and this record is true	to the best of my know	wledge and belief. Kansas
Water	Well Contractor's License N	No	JSAC E - Marker 1	ter Well Record was co	mpleted on (mo/day/year)
	gnature)				
INSTRUCT	IONS: Use typewriter or	r ball point pen. <u>Please press fir</u>	<del></del>	se fill in blanks, under	line or circle the correct
answers. S	end top three copies to	Kansas Department of Health a	nd Environment, Bureau o	of Water, Geology Sec	ction, 1000 SW Jackson
St., Ste. 42	0, Topeka, Kansas 6661	12-1367. Telephone: 785/296-55	522. Send one to Water We	ell Owner and retain o	one for your records.