	WATER WELL PLUGGING REC	CORD Form WWC-5P KSA	82a-1212 ID NO
1 LOCATION OF WATER WELL:	Fraction	Section Number Towns	ship Number Range Number
$\vdash \leq m_{100000}$	SIN NE MON	1	12 /50
Distance and direction from persect town or	city atroot address of well if locate	d within city?	10 (E)W
Distance and direction from nearest town or city street address of well if located within city?			
11054 2016	Joich Inivale	3/11/	
2 WATER WELL OWNER: WAS	The fire Officers		Klink L
RR #, St. Address, Box #: City, State, ZIP Code :	NO CONEGE	Board of Agriculture, Division Application Number:	n of Water Resources /// WY
	4 DEPTH OF WELL	tt.	, , ,
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		,	
N	WELL'S STATIC WATER	LEVEL ft.	
	WELL WAS USED AS:		
NW NE	1 Domestic	5 Public Water Supply	9 Dewatering
	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
W E	3 Feedlot 4 Industrial	7 Domestic (Lawn & Garden) 8 Air Conditioning	Injection Well
		· ·	
SE SE		cal sample submitted to Departmer submitted	it? Yes No
		\sim	
S	Water Well Disinfected: Yes.	Nb	
5 TYPE OF BLANK CASING USED:			
	rought 7 Fiberglass bestos-Cement 8 Concrete	Tile	
Blank casing diameter in.	Was casing pulled?	Yes No	If yes, how much
Casing height above or below land su			.,,
6 GROUT PLUG MATERIAL: 1 N	leat cement 2 Cement grout	Bentonite 4 Other	
Grout Plug Intervals: From		Fromft. to	ft., From to ft.
What is the nearest source of possible	e contamination:		
1 Septic tank 2 Sewer lines	6 Seepage pit	11 Fuel storage 12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines 5 Cess pool	9 Feedyard	14 Abandoned water well	
·	10 Livestock pens	15 Oil well/Gas well	
Direction from well? How many feet?			
FROM TO PL	LUGGING MATERIALS		
03 61			
0 0 011			
\sim 11/ \sim	1, >1		
5 19 Beni	DILLE		
			my jurisdiction and was completed on
(mo/day/year)			
under the business name/of ANDINTED SOURCES NAME OF THE SOURCES NAME OF THE SOURCES NAME OF THE SOURCE SAME OF THE SAME OF THE SOURCE SAME OF THE			
by (signature)			
INSTRUCTIONS: Use typewriter of bal	I point pen. Please press firml	y 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.			