W	ATER WELL PLUGGING RE	ECORD Form WWC	-5P KSA 82a-12	212 ID NO.		
1	County: Douglas  Distance and direction from nearest to	Fraction NW/4 NW/	Section Number	Township Number	Range Number	
	Distance and direction from nearest to	own or city street address of w	ell if located within city	?		
1250N1800RA LAWRANCE, KS 66049						
2	RR#, St. Address, Box #: 1250 N 1800 Rd		Global Positioning Systems (decimal degrees, min. of 4 digits Latitude:  Longitude:			
	City, State ZIP Code: LAWRENCE, LS 66049		Elevation: Datum:			
•		•	Data Collection Method:			
3	MARK WELL'S LOCATION	4 DEPTH OF WELL _	<i>40</i> ft.			
	WITH AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL 13' ft				
	N					
		WELL WAS USED AS:				
	NE -	1 Domestic				
V	V E	2 Irrigation 3 Feedlot		pply 10 Moni Garden) 11 Inject		
·	SW SE	4 Industrial		12 Other		
	Was a chemical/bacteriological sample submitted to Department? YesNo				. No X	
	was a chemical/bacteriological sample submitted to Department? TesNo					
5	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 24 in. Was casing pulled? Yes No If yes, how much						
Casing height above or below land surface						
6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From 40 ft. to 5 ft., From ft. to ft., From to ft.						
	What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below Day One of the contamination)					
	2 Sewer lines 7 Pit privy 12 Fertilizer storage NACLERY					
	3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?					
	4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?					
		CDIC MATERIAL C	TROM TO	DI LICCINIC MA	TEDIALC	
	FROM TO PLUGO	GING MATERIALS	FROM TO	PLUGGING MA	TEMALS	
	40-5 Neat	Cement Heret				
		2-1				
	5-0 TOP 8	ocl				
7 CONTRACTOR'S OR 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						
W-II Contractor's License No. 53/- This Water Well Record was completed on (mo/daytwear) // /2-/5 under the						
business name of fatcher fung & Well Delling Judy (signature) on E. fallow						
INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at http://www.kdheks.gov/geo/waterwells.						
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