WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212							
1 LOCATIO	ON OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number	
County: 2	Johns	50N	NE1/4SW/4SE1/4	3	125	25E	
Distance and direction from nearest town or city street address of well if located within city?							
WATER WELL OWNER: AMOCO RR#, St. Address, Box #: 11660 W. 85th Board of Agriculture, Division of Water Resources Application Number:							
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL. 7							
W	W		1 Domestic 2 Irrigation 3 Feedlot	5 Public Water Supp 6 Oil Field Water S 7 Lawn and Garden G 8 Air Conditioning	Supply Monitori	ng Well n Well	
s	Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted Water Well Disinfected: YesNo						
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameterin. Was casing pulled? Yes							
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other							
1 Septic tank 6 Seepage pit 2 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage							
Direction from well? How many feet?							
FROM	то	PLU	GGING MATERIALS				
			MW 12				
				_			
			Al-Palleton				
				_			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks.							

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.