Form WWC-5P

KSA 82a-1212

ID NO._____

10047101						<u> </u>		1 -			Newskan
·	N OF WATER WELL:		action	an 1		Section	Number	Towns	'	Range	Number
County:	hnson	N	E NE 1/4 1/4	SE N	NEZ		28	T	12S	25	⊕ w
	ection from nearest town		reet address Mission					Kg.			
	CL		il Produ				riage,				
2 WATER W	CLL OWNER:		cox #10								
RR #, St. A City, State,	ddress, Box #: Ca		Rock, CO	. 8010		Applic	ation Number		of Water Resource	ces	
	ELL'S LOCATION WITH	4	DEPTH OF				_				
─ AN "X" IN	SECTION BOX:		WELL'S ST	ATIC WA	TER L	EVEL3.0	? ft.				,
	N		WELL WAS	S USED A	S:						
						5 Dublic	Matau Commi	h.,	0. Dawatasi		
NW	NE NE		1 Don 2 Irrig				Water Suppl d Water Sup		9 Dewateri Monitorir		
w		E	3 Fee 4 Indu			7 Domes 8 Air Cor	tic (Lawn &	Garden)	11 Injection	Well	,
							•				
sw-	SE	Wa If v	as a chemical res, mo/day/y	/ bacterion	ologica was sı	al sample su ubmitted	ıbmitted to [Department 	? Yes I	No . 4.5	
			ater Well Disi	•							
	S	VVa	ater Well Disil	ntectea:	Yes	No:					
5 TYPE OF	BLANK CASING USED:										
1 Steel	3 RMP (SR) 5	Wrought		7 Fiber	ralace	9 0#	ner (Specify	helow)			
2 PVC	4 ABS 6	_	s-Cement	8 Cond		īle					
	ing diameter .4" in		Was casir			Yes X	No		If yes, how mu	ch18'	
Casing he	eight above or below land	surface	remove	<i>a</i>	in.						
6 GROUT P		Neat ce		Cement g		3 Bento	onite 4	Other .	men 5 ft., From		
_		18'	/ 24		ft.,	From		to	ft., From	to	ft.
	e nearest source of poss					\circ	9				:
1 Septic tank 2 Sewer lines			6 Seepage pit 7 Pit privy			11 Fuel storage 16 Other (specify below) 12 Fertilizer storage					
3 Watertight sewer lines			8 Sewage lagoon			13 Insecticide storage					
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens			14 Abandoned water well 15 Oil well/Gas well					
	from well? Wouth				ny faa	1? 70					
Direction	TOTT Well?	<i></i>		поw ma	uriy iee						
FROM TO PL		PLUGGI	UGGING MATERIALS						y was remov		
									i pulled ou	t to TD.	•
									18'-1'		
							ement f		-D'		
						S	oil fro	m			
			7-24-1			_					

7 CONTRA	CTOR'S OF LANDOW	NER'S	CERTIFICA	TION: TI	his wa	ater well w	as plugge	d under m	ny jurisdiction a	nd was con	npleted on
(mo/day/y	ear)	7	32			and this	record is tr	ue to the b	est of my knowle	edge and beli	ef. Kansas
1.28-	-0.5 under	the_bus	iness name	of	IRR	nviron	ental S	ervices	3		
by (signa	ture) (man la man la ma	BU	ew)								
INSTRUCTION	IS: Use typewriter or b	all poin	t pen. <u>Pleas</u>	e press	firmly	and print	clearly. Ple	ase fill in	blanks, underlin	e or circle the	ne 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.