Form WWC-5P

KSA 82a-1212 ID NO. 00132334

1 LOCATION OF WATER WEL		Fraction	Section Number	Township Number	Range Number	
County: Dickinson		SE4 NW4 NW4	32	12	4_ @w	
Distance and direction from nearest town or city street address of well if located within city?						
302 E. 4th St Chapman, KS						
2 WATER WELL OWNER He	me c	oil Company				
RR #, St. Address, Box #: Rt	1, Be	ت× ط	Board of Agriculture	e, Division of Water Resource	ces	
City, State, ZIP Code : CY	apma	n KS 67431	Application Number			
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 26.2 ft.						
		WELL WAS USED AS:				
X <sub>NW</sub> NE -			5 Public Water Supply	9 Dewateri	ina	
I INV INE -		1 Domestic 2 Irrigation	6 Oil Field Water Supp	ly ①Monitorir	ng Well	
w	E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G 8 Air Conditioning		Well	
			-		· ·	
SW SE Was a chemical / bacteriological sample submitted to Department? Yes						
Water Well Disinfected: Yes NoX						
S Water Well Disinfected: Yes						
5 TYPE OF BLANK CASING USED:						
②PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter						
Casing height above or below land surface in.						
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ③Bentonite 4 Other						
— Grout Plug Intervals: From						
1 Septic tank 6 Seepage pit			11 Fuel storage	16 Other (spe	cify below)	
2 Sewer lines 7 Pit privy			12 Fertilizer storage			
3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard			13 Insecticide storage 14 Abandoned water well			
5 Cess pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? How many feet?						
FROM TO	Pili	GGING MATERIALS	-			
0 3 Nat	ive n	naterial				
3' 27' Bent	3' 27' Bentonite chips					
				•		
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 3. 29. 10. (mo/day/year)						
Water Well Contractor's License No.  This Water Well Record was completed on (mo/day/year)  4-28-10  under the business name of Green Field Contractor'S						
by (signature) Seem Presspan						

INSTRUCTIONS: Use typewriter or ball point 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 Toneka, Kansas 66612-1367, Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.