MW-11

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212 ID NO.00366397

1 LO	CATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Dickinson SE14 NW14 NW14			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					
WATER WELL OWNER: Home Oil Company RR #, St. Address, Box #: Rt. 1, Box 4 Board of Agriculture, Division of Water Resources					
City, State, 21P Code : Chapman KS 67431 Application Number:					
3 MAF	RK WELL'S LOCATION WITH X" IN SECTION BOX:	1 '1	40 ft.		
WELL'S STATIC WATER LEVEL 25.8. ft.					
		WELL WAS USED AS:			
	W NE	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Suppl	9 Dewateri ly 00 Monitorin	
w		3 Feedlot 4 Industrial	7 Domestic (Lawn & Ga 8 Air Conditioning		Well
		- 4 Madanai			V
SW SE Was a chemical / bacteriological sample submitted to Department? Yes					
Water Well Disinfected: Yes NoX					
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
②PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameter					
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From 3 ft. to 40 ft., From ft. to ft., From ft., From ft., From ft.,					
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)					
2 5	Sewer lines Vatertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage		,
4 L	ateral lines	9 Feedyard	14 Abandoned water well		
5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well?					
Direct	TOTAL WORLS	now many			
FROM		LUGGING MATERIALS			
<u></u>	3 Native				
3`	40' Bentonit	material e chips			
		,			,
		.,			
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CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)329					
Water W	/ell Contractor's License No	ne business name of Greek	This Wat	er Well Record was comp	leted on (mo/day/year)
by (sig	nature) Jean Pecso	e business name of Sicci	TI SHOW SOMETIMETO	۸۶. ۵۵	
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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, Geology Section, 1000 SW Jackson Ct. Cto. 420 Tanaka Kansas 66612-1267. Talanhana: 785/296-5522. Send one to Water Well Owner and retain one for your records.