			WATER WELL PLUGGING RECO	RD Form WWC-5P KS	SA 82a-1212 ID NO		
1	LOCATION OF WAT	TER WELL:	Fraction	Section Number	Township Number	Range Number	
C <sub>0</sub>	ounty: DICKING	son	SE4 SW4 SW 4	12	13	1E	
Dis		om nearest town o	r city street address of well if lo				
2		ER: Koss (	Construction				
	RR #, St. Address, Bo City, State, ZIP Code		S.W. DRURY LANG LA. KS 66604	Application Number	e, Division of Water Resource r:	es	
3	MARK WELL'S LOC AN "X" IN SECTION	CATION WITH	DEPTH OF WELL	80 t			
	N I		WELL'S STATIC WATER	R LEVEL			
	N W	N E	WELL WAS USED AS:  1 Domestic 2 Irrigation	5 Public Water Su 6 Oil Field Water S		tering oring Well	
w		E	3 Feedlot	7 Domestic (Lawn 8 Air Conditioning	& Garden) 11 Injecti	on Well construction	
			Was a chemical / bacteriological sample submitted to Department? Yes				
	s		Water Well Disinfected:	YesX No			
5	TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS _6 Asbestos-Cement 8 Concrete Tile							
	Blank casing dian	Blank casing diameter					
6	GROUT PLUG MA	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
	Grout Plug Interva	als: From	ft. to <b>\$40</b> ft.	, From ft.	to ft., From	to ft.	
		est source of poss	sible contamination:		40.00		
	1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>	16 Other (sp	Decity below)	
3 Watertight sewer lines			8 Sewage lagoon	13 Insecticide st	orage		
4 Lateral lines 5 Cess Pool			9 Feedyard 10 Livestock pens	14 Abandoned wa 15 Oil well/Gas w			
	Direction from w	ell? NONE	How man	y feet?			
		JGGING MATERIALS					
	0 4 Tap S		001				
	4 80	BEW+	onite				
_							
<u>_</u>	CONTRACTORIO	OR LANDOWS	IEDIO CEDTIFICATION		and under my total		
7	on (mo/day/year) Water Well Gontrac	tor's License No.	IER'S CERTIFICATION: Th	and this record is tr	iged under my jurisdiction ue to the best of my knowle is Water, Well Record was co	n and was completed edge and belief. Kansas mpleted on (mo/day/year)	
L	by (signature)		alus				

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.