				WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID	NO	
1 LOCATION OF WATER WELL:				Fraction	Section Number	Township Number	Range Number	
County: Douglas				NW4 NW 14 NW 14	12	13 5	19 Q~	
1			or ci	ty street address of well if loca		41/	40	
1 1		NER: Conoca	_	Station on Jown	31 - by 13- JHe	et in vawience,	<i>N.</i> 2	
BR # St	Address Bo	nem: Conoca	Ph Ph	illips Bilding	Board of Agricultur	e, Division of Water Reso	urces	
City, Sta	te, ZIP Code	Bartles	vi	Application Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				d DEPTH OF WELL 20 ft. WELL'S STATIC WATER LEVEL 6. ft.				
√	N							
 	NW			WELL WAS USED AS:				
NW I				1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Sup	ply (10) Monito	ring Well	
w			E	3 Feedlot4 Industrial	7 Domestic (Lawn & 08 Air Conditioning	,	n Well	
				Was a chemical / bacteriolo	gical sample submitted to D	epartment? Yes	No.	
Sw	SW SE			If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes				
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 diameter								
				Was casing pulled?		Using 8" pagers		
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: From								
1 Septic tank				6 Seepage pit	1 Fuel storage	16 Other (s	pecify below)	
2 Sewer lines3 Watertight sewer lines				7 Pit privy8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage	Э		
4 Lateral lines 5 Cess pool				9 Feedyard10 Livestock pens	14 Abandoned water15 Oil well/Gas well	well		
Direction from well? How many feet?								
FROM TO PL				JGGING MATERIALS				
			_					
1	1 0 Constant							
		Contr	-10					
7 CONTI	RACTOR'S	OF HANDOW	NE	R'S CERTIFICATION: This	water well was plugged	d under my jurisdiction	and was completed on	
Water V	Vell Contracto	r's License No.	 the	710	This W	ater Well Record was co	mpleted on (mo/day/year)	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed or (mo/day/year) and this record is true to the best of my knowledge and belief. Kansa Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of locked formal Surface. They								
INSTRUCTI	ONS: Use t	ypewriter or b	all	point pen. Please press fire	mly and print clearly. Plea	ase fill in blanks, under	line or circle the correct	
1	•	,		as Department of Health a 67. Telephone: 785/296-55				