			WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	O		
1	LOCATION OF WATER V	WELL:	Fraction	Section Number	Township Number	Range	Number	
Col	unty: Dickinso	\cap	HW14 NW14 NW14	21	13	2	E W	
Dis	tance and direction from nea	rest town or	city street address of well if loca	ated within city?				
515 SW 2nd St., Abilene hS								
2	WATER WELL OWNER:	Rober		MW4				
RR #, St. Address, Box #: PO Box 694 Board of Agriculture, Division of Water Resources								
City, State, ZIP Code : Apilene : 65 6740 Application Number:								
3	MARK WELL'S LOCATIO		4 DEPTH OF WELL	<u>. ප</u> ි ft.				
	AN "X" IN SECTION BOX:		WELL'S STATIC WATER LEVEL ft.					
	N		WELEO STATIO WATER ELVEL					
	$X \mid \cdot \mid \cdot \mid$		WELL WAS USED AS:					
		E	1 Domestic	5 Public Water Supply				
			2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G				
W		E	4 Industrial	8 Air Conditioning				
SW SE Was a chemical / bacteriological sample submitted to Department? Yes						No X		
SW ————————————————————————————————————								
Water Well Disinfected: Yes NoX								
'	S		water well distillected.					
5	TYPE OF BLANK CASING USED:							
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
	PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter 2. in. Was casing pulled? Yes No If yes, how much								
Casing height above or below land surface in.								
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
	Grout Plug Intervals: From							
What is the nearest source of possible contamination:								
1 Septic tank			6 Seepage pit	11 Fuel storage	11 Fuel storage 16 Other (specify below)			
2 Sewer lines3 Watertight sewer lines		es	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage			********	
4 Lateral lines			9 Feedyard	14 Abandoned water v	vell			
5 Cess pool 10 Livestock pens 15 Oil well/Gas well								
Direction from well? How many feet?								
FROM TO PL			UGGING MATERIALS					
	0 2 6	20.1						
	$\frac{0}{2}$	201	· · · · · · · · · · · · · · · · · · ·				-	
	5 20 1	sent	mte Brout					
7 CONTRACTOR'S QF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was complet								
and this record is true to the best of my knowledge and belief. Kansas (mo/day/year)								
Water Well Contractor b'License No								
	by (signature)	-XX		- Jos. 1 71 JJOC				
IN	STRUCTIONS: Use typew	vriter or the	point pen. Please press firr	nly and <u>print</u> clearly. Plea	se fill in blanks, underlin	e or circle th	ne correct	
answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson								
St.	St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.							