		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	lO	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Co	unty: Dickinson	NE SE SW	16	13	2 @w	
Distance and direction from nearest town or city street address of well if located within city?						
	400 M. BUCKER	je Abilene	INUT THE	2001/		
2	WATER WELL OWNER: BULL OWNER:	ds Abilenc (1	WHE ITM	ZWK	WW1	
	RR #, St. Address, Box #: / City, State, ZIP Code : Tope	41KS	Board of Agriculture Application Number	e, Division of Water Resourd r:	ces · · · · · · · · · · · · · · · · · · ·	
3	MARK WELL'S LOCATION WITH		9.1/ ft.			
	AN "X" IN SECTION BOX:	WELL'S STATIC WATE	R LEVEL ft.			
	N	WELL WAS USED AS:				
	NW NE	1 Domestic	5 Public Water Supply	9_Dewateri	ing	
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G	oly 10 Nonitorin		
W	1 E	4 Industrial	8 Air Conditioning			
	SW SE	Was a chemical / bacteriolo	gical sample submitted to De	epartment? Yes	No	
	1 1 1	If yes, mo/day/yr sample was submitted				
	S	Water Well Disinfected: Ye	es No X			
5	TYPE OF BLANK CASING USED:	<u> </u>				
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
Blank casing diameter						
	Blank casing diameterin. Casing height above or below land si	Was casing pulled?	Yes No	If yes, how mu	ich/	
6		leat cement 2 Cement gro	ut @Bentonite 4 0	Other		
	Grout Plug Intervals: Fromft. toft. toft., Fromft. toft., Fromft., fromft.					
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						
2 Sewer lines		7 Pit privy	12 Fertilizer storage			
Watertight sewer lines Lateral lines		8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well				
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well			
Direction from well? How many feet?						
	FROM TO PI	UGGING MATERIALS				
	D I Conc	retc				
	1 3 Soil					
	3 20 Ber	tonite				
L						
7 CONTRACTOR'S OF ANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on						
	(mo/day/year)					
	by (signature) under the business name of by (signature)					
IN	STRUCTIONS: Use typewriter or bal	/ / / / 	mly and print clearly. Plea	se fill in blanks. underlin	e 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, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.						
ı St	., Sie. 420, Topeka, Kansas 66612-1	307. Telephone: 785/296-55	22. Send one to Water W	en Owner and retain on	e ior your records.	