WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township	Number	Range Number
county: beary	SE 1/4 NE1/4 SW1/4	14	13 S		6E
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Herman Robster  12 405 Thomas Crk Rd  RR#, St. Address, Box #: Junction City, K: City, State, ZIP code: Junction City, K:  3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N  N  S  S  S  S  S  S  S  S  S  S  S	WELL'S STATIC WATE WELL WAS USED AS:  1 Domestic 2 Trigation 3 Feedlot	5 Public Water Supple Oil Field Water S T Lawn and Garden C & Air Conditioning	oly 9 Supply 10 only 11 12 ubmitted to	Dewaterin Monitorin Injection Other	g g Well Well
Water Well Disinfected: Yes 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 NOCK Line  Blank casing diameter 3.6 in. Was casing pulled? Yes. No					
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	10 Livestock pens	13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	ige vell	,	ecify below)
Direction from well? Now th . Exs. t. How many feet? 80					
0 4' Clay 4'. 4' Benton	Topsoil				
45 29 Subsoil	1 + Bock lining	<b>)</b>			,
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)3.7.2.0.7.7					
by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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: \$13/296-3565. Send one to Water Well Owner and retain one for your records.					