				١	WATER WELL PLUGGING	RECORD	Form W\	WC-5P	KSA 82a-1	212 ID N	O	
1	LOCAT	ION OF WA	TER WELL:		Fraction	Section	Num	ber	Township	Number	Range	Number
Count	FX	IANV	LIW.		SE4 SE4 SE4	21			16	S	20	€w
		direction from	m nearest town	or cit	y street address of well if I							<u> </u>
					AND Imi			oF	OTTA	INA		
2	WATER	R WELL OW	NER: STA	TE	OF KANSHS	S DOT	•					
	RR #, St City, Sta	. Address, E te, ZIP Code	Box #: (67	3	S CONST.	115. CB	ard of Ag plication	riculture, Number:	Division of W	/ater Resourc	es	
3	MARK	WELL'S LO	CATION WITH		4 DEPTH OF WELL			ft.				
	AN "X" IN SECTION BOX:				WELL'S STATIC WATER LEVEL							
		Ì			WELL WAS USED A	S:						
-	— nw		NE		1 Domestic		lic Water			9 Dewateri	-	
144		į.		_	2 Irrigation 3 Feedlot	7 Don	Field Watenestic (La	ıwn & Ga		10 Monitorin	Well	\u /
W				E	4 Industrial	8 Air (Condition	ing		(2)Other f .	iand c	سي) الما (
-	sw		s'E		Was a chemical / bacterion of the bacterior of the bacterion of the bacterior of the bacter					s 1	۷o ٪	
			X		Water Well Disinfected:	_			•••••			
		S			Water Well Distincted.	100 	10					
5	TYPE C	F BLANK	CASING USED:				_					
	1 Stee 2 PVC		, ,	Wrot	•	rglass crete Tile	Other	pecify be	low)	LINES)	
			eter in		Was casing pulled			No			ch	•••••
					ace			110		, 10 m 11 m		
6		PLUG MA			at cement 2 Cement of		entonite					
		'lug Interval:	s: From t source of poss		3 ft. to5	ft., From	•••••	.ft. to	ft.	, From	to	fi
		eptic tank	source or poss	ible C	6 Seepage pit	11 Fu	el storag	e	1	6 Other (spe	cify below)	
2 Sewer lines 3 Watertight sewer lines				7 Pit privy 8 Sewage lagoon	12 Fe	12 Fertilizer storage 13 Insecticide storage						
4 Lateral lines				9 Feedyard	14 At	14 Abandoned water well 15 Oil well/Gas well						
		ess pool	2 NOTHIN	1/-	10 Livestock pens		\sim					
	Direction	on from well	[? ./.Y Q		! • How ma	ny feet?	Y			_	•	
FROM TO PL		PLU	UGGING MATERIALS			(PS.	CORC	.			
0		3	NATIV	٤	CLAY			,	V 286	, 20	200-1	,
3 5 β		Bon-	entonitée			N.38° 38,385' W.95° 12,908'						
5		10	NATIL	رد	CLAY			1	N '45	۱ م ۱	, 40 &	
10		18	GRQ	ΛE	L + ROCK	LINE	R					
							•					
7	CONT	RACTOR'S	OFLANDOW	NE	R'S CERTIFICATION: T	his water we	l was p	lugged	under my ju	risdiction a	nd was comp	oleted on
	(mo/da Water)	y/year) /ell Contract	or's License No.		r's CERTIFICATION: T	and t	nis recor T	d is true his Wat	to the best of er Well Reco	rd was comp	age and belie	r. Kansas day/year)

by (signature)

Under the business name of J=554. Youkum WELL DRIZLING:

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct production of the print of the print

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.