		WATER WELL PLUGGING I	RECORD Form WWC-5P	KSA 82a-1212 ID N	10
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
Col	unty: Osages	1/4 1/4 NW4	31	18	16 @
Distance and direction from nearest town or city street address of well if located within city?					
2	WATER WELL OWNER: Wayne	Sonsteng Rd	\		
	RR #, St. Address, Box #: 34614	2 00, 000	Board of Agriculture	e, Division of Water Resourc	ces
	City, State, ZIP Code : Lebo	KS 66856	Application Number	•	
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL			
	N				
		WELL WAS USED AS	3:		
	NW NE	Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supp		
w	E	3 Feedlot	7 Domestic (Lawn & G	arden) 11 Injection	
''		4 Industrial	8 Air Conditioning	12 Other	
SW SE SE Was a chemical / bacteriological sample submitted to Department? Yes					No
		Water Well Disinfected:			
'	S	Water Weir Distributed.	1634		
5	TYPE OF BLANK CASING USED:				
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 1 Restone ruck				
/ 0 "					
	Casing height above or below land su	Was casing pulled?		if yes, now mu	cn
6	GROUT PLUG MATERIAL: 1 N	pat cement 2 Cement gr		Other	
Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft., From					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (spe	city below)
3 Watertight sewer lines 4 Lateral lines		8 Sewage lagoon9 Feedyard		13 Insecticide storage 14 Abandoned water well	
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well? How many feet?					
FROM TO PLUGGING MATERIALS					
	1 4.5 Soil				
L	1 6	(1			
	1.3	NITE.			
	5 9 5011	`			
	9 10 San	<u>c</u>			
7	(mo/day/year)	R'S CERTIFICATION: Th	is water well was plugged	under my jurisdiction a e to the best of my knowle	nd was completed on edge and belief. Kansas
Water Well Contractor's License No					
by (signature) ()					
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Geology Section, 1000 SW Jackson					
	, Ste. 420, Topeka, Kansas 66612-13				