	WATER WELL PLUGGING R	RECORD Form WWC-5P	KSA 82a-1212 ID N	0
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Osage	14 12NW14	31	18	16 EN
Distance and direction from nearest tow	n or city street address of well if loc	ated within city?	1 0	
	<del></del>			
2 WATER WELL OWNER: Way	ne Sonsteng DJ			
RR #, St. Address, Box #: 546 City, State, ZIP Code : Leb	14 5 Jordan Rd 6 KS 66856	Board of Agriculture Application Number	e, Division of Water Resourd :	es
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL ft.				
AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL ft.				
×	WELL WAS USED AS:			
NW NE	1 Domestic	5 Public Water Supply		
	2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li></ul>	ly 10 Monitorir arden) 11 Injection	ig Well Well abundaned
W	E 4 Industrial	8 Air Conditioning	12 Other	ullindoned
SW SE Was a chemical / bacteriological sample submitted to Department? Yes				
Water Well Disinfected: Yes No				
S	water wen distriected. To	es		
5 TYPE OF BLANK CASING USE	D:			
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter				
Casing height above or below la	nd surface	in.		
6 GROUT PLUG MATERIAL:	1 Neat cement 2 Cement groom 4.5 ft. to 5 ft.		Other	
Grout Plug Intervals: From What is the nearest source of po		., From	o ft., From	10
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	cify below)
2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	<ul><li>12 Fertilizer storage</li><li>13 Insecticide storage</li></ul>		
4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	14 Abandoned water v 15 Oil well/Gas well	vell	
Direction from well?	·	/ feet?	•••••	
FROM TO	DI LICOING MATERIALS			
	PLUGGING MATERIALS			
	501			
	senton, te			
	5011			
13 1 6	Sand			
7 CONTRACTOR'S OF LANDO	OWNER'S CERTIFICATION: This		under my juriediation a	nd was completed on
(mo/day/year) 11, 30, 201	0	and this record is true	e to the best of my knowle	dge and belief. Kansas
	er the business name of			
by (signature) Way Way				
INSTRUCTIONS: Use typewriter o answers. Send top three copies to	r ball point pen. <u>Please press fir</u> Kansas Department of Health a	<u>mly</u> and <u>print</u> clearly. Plea and Environment. Bureau o	se fill in blanks, underlin of Water, Geology Section	e or circle the correct on, 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.				