| | | WATER WELL PLUGGING RE | ECORD Form WWC-5P | KSA 82a-1212 ID N | 0 | |
|--|---|---|--|----------------------------------|------------------------|--|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number | |
| Col | unty: Franklin | WE NENW | 16 | 185 | 2/ @w | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | |
| | | | | | | |
| 2 | 2 WATER WELL OWNER: FRANCIS Richert RR #, St. Address, Box #: 4562 Finney Rd. Board of Agriculture, Division of Water Resources | | | | | |
| | RR #, St. Address, Box #: 4562 Finney Board of Agriculture, Division of Water Resources City, State, ZIP Code : 1100 KS 66042 Application Number: | | | | | |
| 3 | 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL | | | | | |
| AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ft. | | | | | | |
| | N | | ., , , , , , , , , , , , , , , , , | | | |
| | | WELL WAS USED AS: | | | | |
| | NE NE | 1 Domestic 2 Irrigation | 5 Public Water Supply6 Oil Field Water Supp | | | |
| w | | 3 Feedlot 4 Industrial | 7 Domestic (Lawn & G8 Air Conditioning | arden) 11 Injection 12 Other7 | Well bok | |
| | | | • | 7 | fest hole for pater | |
| | SW SE | | | | No | |
| Water Well Disinfected: Yes No | | | | | | |
| | S | , valor von Blomostod. | | | | |
| 5 TYPE OF BLANK CASING USED: \$\text{\text{\text{\text{\text{\text{BLANK}}}}} USED: \$\text{\tin\text{\t | | | | | | |
| 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 in. Was casing pulled? Yes No If yes, how much If yes, how much in. | | | | | | |
| 6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | |
| Grout Plug Intervals: From | | | | | | |
| What is the nearest source of possible contamination: | | | | | | |
| 1 Septic tank 2 Sewer lines | | 6 Seepage pit7 Pit privy | 11 Fuel storage12 Fertilizer storage | 16 Other (spe | ecify below) | |
| Watertight sewer lines Lateral lines | | 8 Sewage lagoon 9 Feedyard | 13 Insecticide storage | | | |
| 5 Cess pool | | 10 Livestock pens | 15 Oil well/Gas well | Well | | |
| Direction from well? South How many feet? 100 | | | | | | |
| FROM TO PLUGGING MATERIALS | | | | | | |
| | | Lodding MATERIALS | | | | |
| O 3 Mario | | ie cjąg | | | | |
| 3 30 Ben | | MIRC | - 3 | 11×11/2 011 | • | |
| | | | | wells all nilor | | |
| | | | 4/1 | 7110/ | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on | | | | | | |
| (mo/day/year) | | | | | | |
| 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, 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. | | | | | | |