		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	10	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Cor	inty: 2000	SNSW SE	33	1	16 Am	
Distance and direction from nearest town or city street address of well if located within city?						
Front Street 6/+ 197 + 2nd, Hamlin, KS						
2	WATER WELL OWNER:	LE BER	,			
	RR #, St. Address, Box #: 1000 SW Jackson Board of Agriculture, Division of Water Resources Application Number:					
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	9 Dewater		
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G			
w			8 Air Conditioning			
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes					
	if yes, mo/day/yr sample was submitted					
		Water Well Disinfected: Ye	es No 🗵			
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
	PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameter in. Was casing pulled? Yes No						
CROUT BUIC MATERIAL: 1 Next coment 2 Coment grout 2 Pontonito 4 Other						
Grout Plug Intervals: From						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage 16 Other (specify below)			
3 Watertight sewer lines		8 Sewage lagoon	13 Insecticide storage	13 Insecticide storage		
4 Lateral lines 5 Cess pool		9 Feedyard10 Livestock pens	14 Abandoned water v15 Oil well/Gas well	well		
Direction from well? How many feet?						
FROM TO PLUGGING MATERIALS						
_	0 3 0 1	LOGGING WATERIALS				
-	2 20 2011	2010				
_	5 W Dem	OVLITT				
_						
_						
_						
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on						
(mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year)						
	by (signature)					
IN	INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct					
a	answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson					
I S	St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.					