1	LOCATION O	F WATER WELL:		Fraction	Section	Number	Township	Number	Range	Number	
Cou	inty: Was	hinatan		NEA NWA NEW	2F)	1		4	E/W	
Distance and direction from nearest town or city street address of well if located within city?											
21/2 miles north, 2 miles post west then 1/2 mile north of Harrover, K5											
2 WATER WELL OWNER: Limestone Valler Stock Farm RR #, St. Address, Box #: 2445 Spence Ave. Board of Agriculture, Division of Water Resources											
RR #, St. Address, Box #: 2445 Spence Ave. City, State, ZIP Code : Hanover, ICS UU945 Board of Agriculture, Division of Water Resources Application Number:											
			1:	-							
3	MARK WELL AN "X" IN SE	'S LOCATION WITH CTION BOX:	-	DEPTH OF WELL ft. WELL'S STATIC WATER LEVEL ft.							
	N										
		X		WELL WAS USED AS:							
	NW	NE -	1	1 Domestic 2 Irrigation		Water Supply		9 Dewater0 Monitori			
w			E	3 Feedlot	7 Domes	stic (Lawn & G	arden) 1	1 Injection	Well		
**				4 Industrial	8 Air Co	nditioning	1	2 Other			
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes										
	Water Well Disinfected: Yes No										
'											
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass Dother (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.											
CPOLIT PLUC MATERIAL: 1 Next compart 2 Compart grout @ Postonito 4 Other											
Grout Plug Intervals: From											
What is the nearest source of possible contamination:											
				6 Seepage pit 7 Pit privy	11 Fuel	storage lizer storage		16 Other (specify below)			
3 Watertight sewer lines				8 Sewage lagoon	13 Insec	13 Insecticide storage			•••••••••••		
4 Lateral lines 5 Cess pool				9 Feedyard10 Livestock pens		ndoned water rell/Gas well	well				
Direction from well? How many feet?											
	FROM	ro	PLU	JGGING MATERIALS							
UH + IZA OPSOII											
4	12 4 5	# Ben	חסא	ite Plug							
5 A UA Subsoil				fill y							
Le At 10 At Chlorinated Sand											
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											
	by (signatur			EVILLEN GA							
IN	STRUCTIONS: swers. Send to	Use typewriter or three copies to	ball p Kansa	point pen. Please press fir as Department of Health a	<u>mly</u> and <u>print</u> nd Environm	clearly. Plea ent. Bureau	ase fill in blank of Water. Geol	s, underli oav Secti	ne or circle the control on the control of the cont	he correct V Jackson	
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.											

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.__