					WATER WELL PLUGGING RE	ECORD F	Form WWC-5P	KSA 82a-1	212 ID N	IO		
1	LOCATION OF WATER WELL:				Fraction	Section	Section Number		wnship Number		Number	
Count	County: Washington				8W14 SW 14SE 14	1.	10		1 5		5 _{(E)W}	
					——————————————————————————————————————	ted within cit	ty?	.1				
1/2	mile	east.	2 miles	50	ty street address of well if local	nikea	st of	Lanha	m. Ne	brask	ca.	
2	WATER	R WELL OWN	'-'' EJIM	1111		•		•	,			
RR #, St. Address, Box #: 200 W. Belvedere St. City, State, ZIP Code : Beatrice, NE U8310 Board of Agriculture, Division of Water Resources Application Number:												
3			•	tric	4 DEPTH OF WELL		tt.	ır.				
		MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL							
	N			,								
					WELL WAS USED AS:							
	—— NW 	NW NE E			①Domestic 2 Irrigation	6 Oil Fi	5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring Well					
w					3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other							
					Was a chemical / bacteriological sample submitted to Department? Yes							
	SW SE				If yes, mo/day/yr sample was submitted							
		s			Water Well Disinfected: Yes No							
	TYPE OF BLANK CARING LICED.											
5	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)											
	2 PVC				estos-Cement 8 Concret							
Blank casing diameter in. Was casing pulled? Yes												
6		T PLUG MATI			at cement 2 Cement grou			Other				
Grout Plug Intervals: From												
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)												
		Sewer lines Watertight sewer lines			7 Pit privy 8 Sewage lagoon		12 Eartilizar storage					
4 L		ateral lines			9 Feedyard	14 Aba	14 Abandoned water well					
5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well?												
FROM		TO AND	M	PLU	GGING MATERIALS							
THE CHARLES TO SELL												
347		344	a superto la create									
WUAT		4044	Chlou	na	ted Sand							
40	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	10++	Jubs		1 0							
0	1-t-	34	Dent	<u>on</u>	ite Plug							
3	+	0++	100ST	Ш								

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 St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.