		WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO				
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Со	unty: Marion	MUNSWSW	26	21	2 m	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Ren Hiebert						
RR #, St. Address, Box #: RABOX90 (O// Board of Agriculture, Division of Water Resources						
	City, State, ZIP Code : Peabody, 75.5 66366 Application Number: 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 15 ft.						
	N N	WELL WAS USED AS:	TELVELOCK STATE II.			
	NW NE	1 Domestic	5 Public Water Supply	9 Dewater	ina	
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G	ly 10 Monitorir	ng Well	
W		E 4 Industrial	8 Air Conditioning	12 Other	······································	
	Was a chemical / bacteriological sample submitted to Department? Yes					
	Water Well Disinfected: Yes No					
	S					
TYPE OF BLANK CASING USED:						
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 X If yes, how much						
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (spe	ecify below)	
3 Watertight sewer lines 4 Lateral lines		8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water v			
5 Cess pool		10 Livestock pens	15 Oil well/Gas well			
Direction from well?						
FROM 90 D THUGGING MATERIALS						
	2 22 Ben	- Hole Plug				
_ (22 59 Grav	121				
_						
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
by (signature) under the business name of 2 0 0 7						
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.						