Jounty:	•	WATER WELL PLU	IGGING RECORD	Form WWC-5P	KSA 82a-1212	
INSTRUCTIONS OR LANDANNES'S CERTIFICATION: This water well was plugged under my jurisdiction and was comply by California and was comply to contract to the bast of means of the core of t	LOCATION OF WATER WE	LL: / Fract	ion	Section Number	Township Number	Range Number
WATER WELL OWNER: POPPLE F. Miles T. Res. St. Address, Box #: 335 S. M. MIN 1975 P. Board of Agriculture, Division of Water Resource Application Number: ARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL	county: LINN	SE 1/	4 1/4/1/4	15	2/	22
Beard of Agriculture, Division of Water Resource Application Number: MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: MELL WAS USED AS: Domestid 5 Public Water Supply 10 Monitoring Well 3 Feedlot 7 Lewn and Garden Only 11 Injection Well 12 Injection Well 13 Injection Well 13 Injection Well 14 Abandoned Water Well Well Well Well Well Well Well We	istance and direction	from nearest to	wn or city stree	t address of well if		
Beard of Agriculture, Division of Water Resource Application Number: MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: MELL WAS USED AS: Depth of Well	UATER DELL OUNER:	COPUS F	Mailla de	DENTERMA	e _f /	
MN "X" IN SECTION BOX: MELL'S STATIC MATER LEVEL	WATER WELL OWNER: #	233654	MANUER TR	(m)		
M "X" IN SECTION 60X: WELL'S STATIC WATER LEVEL	R#, St. Address, Box # ity, State, ZIP Code	TOPFKA K	C KGAU	Application N	culture, Division of lumber:	water Resources
NELLYS STATIC WATER LEVEL	MARK WELL'S LOCATION	WITH 4 D	EPTH OF WELL		ft.	
WELL WAS USED AS: Domestic 5 Public Water Supply 9 Dewatering 10 Monitoring Well 1 3 Feedlot 7 East and Garden Only 11 Injection Well 3 Feedlot 7 East and Garden Only 11 Injection Well 1 1 1 1 1 1 1 1 1		x: Hu	FLE'S STATIC WAT	ER LEVEL	ft.	
Demestic 5 Public Water Supply 9 Dewatering 10 Monitoring Well 3 Feedlot 7 Lean and Sarderdo Only 11 Injection Well 12 Other						
Type OF BLANK CASING USED: Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) S Type OF BLANK CASING USED: Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) Blank casing diameter. 19 in. Was casing pulled? Yes. No. 1f yes, how much. Casing height above or below land surface. in. GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonits 4 Other. Grout Plug Intervals: From. 6 of 1 Field Water Supply 10 Manitoring Well 1 Fivel storage 16 Other (specify below) 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sever lines 7 Pit privy 12 Fertilizer storage 18 Materish sever lines 8 Seepage 18 (specify below) 18 Insecticide storage 19 Materish sever lines 10 It ivestock pens 15 Other (specify below) 1 FROM TO PLUGGING MATERIALS CONTRACTOR'S OR LANDONNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was computed on (mo/day/year). 19 Jurisdiction and was computed on	1966					
Was a chemical/bacteriological sample submitted to Department? YesNo. If yes, mo/day/yr sample was submitted. 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	N N	E	2 Irrigation	6 Oil Field Water	Supply 10 Monitorin	ng ng Well
Water Well Disinfected: Yes	,		3 Feedlot	7 Lawn and Garden	Only 11 Injection	Well
If yes, mo/day/yr sample was submitted. 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 Casing height above or below land surface			4 Industriat	D ATT CONGICTORING	, iz omer	
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Blank casing diameter	TYPE OF BLANK CASING	USED:				
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GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonics 4 Other	Blank casing diamete	r	Was casing	pulled? Yes	No. X. If yes, how	much
Grout Plug Intervals: From		The second second second		A STATE OF THE PARTY OF THE PAR	The state of the s	
What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 8 Sewage Lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 15 Cess Pool 10 Livestock pens 15 Oil well/Gas well FROM TO PLUGGING MATERIALS CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)			The state of the s			
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 5 Cess Pool Direction from well? CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).	Grout Plug Intervals	: From6	ft. toft	., Fromft. t	oft., From	toft
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A Lateral lines 5 Cess Pool Direction from well?	2 Sewer lines	7 Pit	privy	12 Fertilizer store	ige	,
CONTRACTOR'S OR LANDONNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				13 Insecticide stor 14 Abandoned water	age well	
CONTRACTOR'S OR LANDONNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)	5 Cess Pool	10 Liv	estock pens	15 Oil well/Gas wel	.t	
CONTRACTOR'S OR LANDONNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)	Direction from well?	N.E	******	How many feet?	30071	and paid
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)			MATERIALS			N. granist
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)		1 0		4	. 4-	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)) 3 6 (Dean St	id of Rocky	Dragen Side of h	I LE	
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on (mo/day/year)	5-100	FOR Sail	1-		* * * * * * * * * * * * * * * * * * *	
on (mo/day/year)	(F.D. T.	R a Ray	1 010 m 1	1 20		
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NSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or cinhe correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kar	on (mo/day/year)§	9-3-200	and this reco	rd is true to the be	est of my knowledge ar	nd belief. Kansa
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he correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kar	by (signature)	Track AM	ecerkandy	······································	ANN GED	
he correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kar	NSTRUCTIONS: Use type	writer or ball poi	int pen. Please Fre	ss firmly and print clea	arly. Please fill in blanks	, underline or circl
6620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.	he correct answers. Send	top three copies	to Kansas Departn	ent of Health and Env	ironment, Bureau of Wa	ter, Topeka, Kansa