WATER WELL PLUGGING RECOR	D Form WWC-5P	KSA 82a-1212	ID NO.		
LOCATION OF WATER WELL:	Fraction	Section Number	220	Range Number 24E	
County: Linn Distance and direction from nearest to	SE ¼ SW ¼ SV	W 4 7	n city?	24E	
	wil or city street address	Of Well II located within	<i> </i>		
322 Locust St., Mound City, KS				0.4.11.1.	
2 WATER WELL OWNER: KDH	TER WELL OWNER: KDHE  Global Positioning System (decimal degrees, min. of 4 digits)  Latitude: NA				
RR#, St. Address, Box #: 1000 SW Jackson		Longitude: NA			
RR#, St. Address, Box #. 1000 3	W Jackson	Elevation: NA			
City, State, ZIP Code: Topeka	KS 66612	S 66612 Datum: NA Data Collection Method: NA			
	A DEPTH OF WE	4 DEPTH OF WELL 12.71 ft. MW6			
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION	4 DEFINOR WE	4 DELITION WELL 12002			
BOX:	WELL'S STATIC	WELL'S STATIC WATER LEVEL NA ft.			
2011					
N	WELL WAS USE	DAS:			
1 Domestic   5 Public Water Supply   9 Dewatering					
- NW NE-	2 Irrigation	6 Oil Field Water Sup	oply (10) Monitoring		
W E	3 Feedlot		Garden) II Injection V	Vell	
⊢sw-+-sE	4 Industrial	8 Air Conditioning	112 Other		
LxL	Was a chemical	bacteriological sample s	submitted to Department	? Yes No <u>X</u>	
8					
2PVC 4 ABS 6 As  Blank casing diameter 2 in. W	bestos-Cement 8 C as casing pulled? Yes	oncrete Tile  X No If yes, how			
Casing height above or below land sur 6 GROUT PLUG MATERIAL: 1 N	eat cement 2 Cemen		4)Other Soil: (	)-3'	
Grout Plug Intervals: From 3	ft. to 12.71 ft.,	From ft. to	ft., From	ft. to ft.	
What is the nearest source of possible 1 Septic tank 6 Seepage	epit ll Fuelst		(specify below)		
2 Sewer lines 7 Pit privy 3 Watertight sewer lines 8 Sewage		cide storage			
4 Lateral lines 9 Feedyar	d 14 Aband	oned water well Direct	ction from well?		
5 Cess pool 10 Livestoo	ck pens 15 Oil we	ll/Gas well How	many feet?		
FROM TO PLUGGIN	G MATERIALS	FROM TO	PLUGGING M	ATERIALS	
0 3	Soil				
	ntonite				
7 CONTRACTOR'S OR LANDOWN	NER'S CERTIFICATI	ON: This water well w	as plugged under my juri of my knowledge and be	sdiction and was	
completed on (mo/day/year)12	/15/14 and this r	ecord is true to the best	leted on (mo/day/year)_	iici. ixalisas water	
	Associates, Inc.				
INCORPLICATIONS: Places fill in blonk	or circle the correct an	swers Send top three co	opies to Kansas Departm	ent of Health and	
- CW-t Casles	Coction 1000 SW/ Jack	rson St. Ste. 470. Lonek	(a. <b>N. auns</b> as 00012-1307	i Cicpitolic.	
785/296-5522. Send one to Water Well	Owner and retain one for	or your records. Visit us	s at http://www.kdheks.g	ov/waterwell.	