		WATER WELL PLUGGING RE	ECORD Form WWC-5P	KSA 82a-1212 ID N	IO
1 LOC	ATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	HARVEY	SW1/4 NW 1/4 SE 1/4	17	T235	RI OM
Distance an	d direction from nearest town	or city street address of well if loca			
NORTH 1	EAST OF 4th s	ST. AND MAIN ST.	IN NEWTON,	ks	
2 WAT	ER WELL OWNER: Buel	INGTON NORTHERNS	SANTA FE	Division of Water Resource	- ( NORTH)
RR #,	St. Address, Box #: 4200	. DEEN KOTO	Board of Agriculture Application Number	, Division of Water Resour	ces
		4 DEPTH OF WELL	20. II ft.	•	
1 100 11 1	K WELL'S LOCATION WITH X" IN SECTION BOX:		R LEVEL 9 ft.		
	N	¬	n LEVEL		
		WELL WAS USED AS:			
N	IW NE	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supple</li></ul>	9 Dewater ly 10 Monitorii	
w		3 Feedlot E 4 Industrial	7 Domestic (Lawn & G	arden) 11 Injection	Well WELL WELL
			· ·	_	
s	SW SE SE		gical sample submitted to De		No
		Water Well Disinfected: Ye	es		
	\$ 				
5 TYPE	E OF BLANK CASING USED	):			
		6 Wrought 7 Fibergla 6 Asbestos-Cement 8 Concret		elow)	
	k casing diameter2.4				ıch
Casi	ng height above or <u>below</u> lar	nd surface	in.		
0	UT PLUG MATERIAL:	1 Neat cement ②Cement grou	ut 3 Bentonite 400	other NATIVE SO	
	t Plug Intervals: Fror	m	, From <i>Q.,</i> ⊋ft. to	ft., From	to f
	Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	cify below)
<ul><li>2 Sewer lines</li><li>3 Watertight sewer lines</li></ul>		7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage	16 Other (spe	C FUEL
4 Lateral lines		9 Feedyard	14 Abandoned water v	vell	
	Cess pool	10 Livestock pens	15 Oil well/Gas well		
Dire	ction from well?	How many	feet?		
FROM	то	PLUGGING MATERIALS			
0	0.5 NA	rive soil			
0.5	3 Ben	TONITE - HOLEPLY.	4		
3		MENT GROUT			0 2004
		** A.A. # 11. # 1.			
7 CON	TRACTOR'S OF LANDON	WNER'S CERTIFICATION: This	water well was plugged	under my juriediation o	nd was completed on
(mo/	day/year)August.	WNER'S CERTIFICATION: This	and this record is true	e to the best of my knowle	edge and belief. Kansas
vvate	9-9-04 unde	or the business name of	AYNE CHRISTENS	Company Company	oieted on (mo/day/year)
by (s	signature)	andels			
INSTRUC	TIONS: Use typewriter or	ball point pen. Please press firm Kansas Department of Health ar	nly and print clearly. Pleas	se fill in blanks, underlin	e or circle the correct