KSA 82a-1212 WATER WELL PLUGGING RECORD Form WWC-5P LOCATION OF WATER WELL: Township Number Fraction Section Number 1 ユダ County: GIVEN SE'4 SE 14 SE 14

Distance and direction from nearest town or city street address of well if located within city? 418 WEST STREET, INJA, KS WATER WELL OWNER: ( NS 100 ds Mote)

RR #, St. Address, Box #: 418 W157 STILET

City, State, ZIP Code Lulo, KS 667-19 Board of Agriculture, Division of Water Resources Application Number: 4 DEPTH OF WELL 17. 75 ft. MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 12.4 ft. WELL WAS USED AS: 5 Public Water Supply 9 Dewatering 1 Domestic NW: NE 6 Oil Field Water Supply 10 Monitoring Well 2 Irrigation 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well Ε W 12 Other ..... 4 Industrial 8 Air Conditioning SE If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes ....... No ..... TYPE OF BLANK CASING USED: 5 3 RMP (SR) 7 Fiberglass 9 Other (Specify below) 5 Wrought 1 Steel 12PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile ..... No .......... If yes, how much ... Blank casing diameter ...... in. Was casing pulled? Casing height above or below land surface ......36...... in. 2 Cement grout 73 Bentonite 4 Other..... GROUT PLUG MATERIAL: 1 Neat cement to .......... ft., From ........... ft., From .......... to ........... ft., From 17,75.. ft. Grout Plug Intervals: What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 12 Fertilizer storage 2 Sewer lines 7 Pit privy ....... 8 Sewage lagoon 13 Insecticide storage 3 Watertight sewer lines 14 Abandoned water well 4 Lateral lines 9 Feedyard 10 Livestock pens 15 Oil well/Gas well 5 Cess pool How many feet? ..... Direction from well? ..... TO PLUGGING MATERIALS **FROM** hydrated bentonish chips 0 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/year) under the business name of the contractor's License No.

by (signature) 7

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.