		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	0	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Col	unty: Allen	SEANEANWA	13	25	18 _{Sw}	
Distance and direction from nearest town or city street address of well if located within city?						
2	WATER WELL OWNER: ALLEN		7		011	
	RR #, St. Address, Box #: /N, V	vashington KS 66749	Board of Agriculture Application Number	, Division of Water Resource:	MW]	
3	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	9 ft.			
	AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL ft.				
	N N	WELL WAS USED AS:				
	NW X NE	1 Domestic	5 Public Water Supply			
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G			
W		4 Industrial	8 Air Conditioning			
	SW SE	Was a chemical / bacteriolo	Was a chemical / bacteriological sample submitted to Department? Yes			
		Water Well Disinfected: Yes No				
	S	Water Weil Districted.				
5 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					
	Casing height above or below land					
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	tuei storage	• • •	16 Other (specify below)	
	Watertight sewer lines Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water	•		
	5 Cess pool	10 Livestock pens	15 Oli well/Gas well	***************************************		
Direction from well? How many feet?						
	FROM TO	PLUGGING MATERIALS				
					-	
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 Convector's License No. This Water Well Record was completed on (mo/day/year) Under the business name of Lavison + Associates						
	by (signature)	Mark				
INSTRUCTIONS: Use typewriter of 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.						