		WATER WELL PLUGGING RI	ECORD Form WWC-5P	KSA 82a-1212 ID N	0	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Co	unty: Allen	NW SE NW	2	75	18 Dw	
Distance and direction from nearest town or city street address of well if located within city?						
2	WATER WELL OWNER:	5 RubberCo)			
	RR #, St. Address, Box #479 A City, State, ZIP Code :	nighigan Ar	 Board of Agriculture Application Number 	e, Division of Water Resource:	ses MW3	
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	ft.			
	N N	WELL'S STATIC WATER LEVEL ft.				
		WELL WAS USED AS:				
	NW NE	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supply			
w	l E	3 Feedlot	7 Domestic (Lawn & Ga	arden) 11 Injection	Well	
**		4 Industrial	8 Air Conditioning		~	
	SW SE	Was a chemical / bacteriolog	gical sample submitted to De	partment? Yes N	tment? Yes No	
		Water Well Disinfected: Ye	s 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						
	Blank casing diameter in.	Was casing pulled?	Yes No	If yes, how much	ch 10	
	Casing height above or below land su	urface	in.			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite 4 Other					
What is the nearest source of possible contamination:						
1 Septic tank		6 Seepage pit 11 Fuel storage 16 Other (specify b		cify below)		
2 Sewer lines 3 Watertight sewer lines		7 Pit privy8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage			
4 Lateral lines 5 Cess pool		9 Feedyard 10 Livestock pens	14 Abandoned water w15 Oil well/Gas well	<i>r</i> ell		
Direction from well?						
FROM TO PLUGGING MATERIALS						
C 2 Call		OGGING WATERIALS				
·	0 5 8011					
	2 10 2	Lande				
	J /U Ben/	onite				
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed (mo/day/year)						
	Water/Well Contractor's/License No	(4)	COO V ASSOCIA	ter Well Record was comp	leted on (mo/day/year)	
	by (signature)	e business name of		•		
INSTRUCTIONS: Use typewriter or tall 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.						
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