| | WATER WELL PLUGGING RECO | ORD Form WWC-5P KSA | .82a-1212 ID NO | |
|---|---|--|---|---|
| | T = | O Number | Township Number | Range Number |
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | | |
| County: Source K | SE'ASWAXWA | 18 | 25-5 | 3-E |
| Distance and direction from nearest town | | | | 1 4 / |
| | Jaw Whiteh | 19+81 KS | | mw F C |
| 2 WATER WELLOWNER: Mesto | Box 5 | Donal of Assistables | Division of Mater Because | |
| RR #, St. Address, Box #: | water Ky 671 | Application Number: | Division of Water Resourc | 63 |
| 3 MARK WELL'S LOCATION WITH | 4 DEPTH OF WELL | 24 t | | |
| AN "X" IN SECTION BOX: | \vdash | R LEVEL ft. | | |
| · N | | | | |
| | WELL WAS USED AS: | _ | | |
| N W N E | 1 Domestic 2 Irrigation | 5 Public Water Supp6 Oil Field Water Su | | atering toring Well |
| | 3 Feedlot | 7 Domestic (Lawn 8 | k Garden) 11 Inject | ion Well r |
| | 4 mausina. | 8 Air Conditioning | | |
| S W ——— S E —— | | iological sample submitte le was submitted | | No |
| | Water Well Disinfected: | | | |
| S | water well distributed. | 165 | | |
| 5 TYPE OF BLANK CASING USED: | | | | |
| | Wrought 7 Fiberg | | | |
| | Asbestos-Cement 8 Concre | | | |
| Blank casing diameteri Casing height above or below lar | n. Was casing pulled? | in. | If yes, how r | |
| | Neat cement 2 Cement gro | | Other TOPSey | 4 |
| Grout Plug Intervals: From | ft. to ft | ., From ft. to | oft., From | to ft. |
| What is the nearest source of po | | | 40. От /- | and the state of |
| 1 Septic tank 2 Sewer lines | 6 Seepage pit 7 Pit privy | 11 Fuel storage 12 Fertilizer storaç | · · | specify below) |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide stor | | |
| 4 Lateral lines 5 Cess Pool | 9 Feedyard 10 Livestock pens | 14 Abandoned wat15 Oil well/Gas we | | |
| Direction from well? Nort | ل How man | y feet? | | |
| | | | | |
| | LUGGING MATERIALS | | | |
| 24 1 Binto | nte 1 | | | |
| 1 6 Topsox | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7 CONTRACTOR'S OR LANDOW on (mo/day/year) | NER'S CERTIFICATION: Th | nis water well was plugg | ed under my jurisdiction | on and was completed |
| on (mo/day/year) | -07 575 | and this record is true | e to the best of my knowl Water Well Record was co | ledge and belief. Kansas ompleted on (mo/day/year) |
| Water Well Contractor's License No | the business name of | KET DOUMNO SECNE | LF Toll | |
| by (signature) | | | | |
| INSTRUCTIONS: Use typewriter or answers. Send top three copies to | r ball point pen. <u>Please press</u> Kansas Department of Hea | firmly and <u>print</u> clearly. Ple alth and Environment. Bu | ease fill in blanks, under Ireau of Water. Topeka | line or circle the correct, Kansas 66620-0001. |
| Telephone: 785/296-3565. Send one to | Water Well Owner and retain o | one for your records. | , | |