		WATER WELL PLUGGING RECO	RD Form WWC-5P KSA	82a-1212	ID NO		
	LOCATION OF WATER WELL	NE SE SW NW	ON	T	Number	Banca Number	
1 Co	LOCATION OF WATER WELL:	Marie Marie Sac	Section Number	Township	Number	Range Number	
Distance and direction from nearest town or city street address of well if located within city?							
2	WATER WELL OWNER BY STEE	n					
	RR #, St. Address, Box #: 5857 K City, State, ZIP Code : W.C.	10, KS OBJUY	Board of Agriculture, Application Number:	Division of Wat	er Resources		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL					
	N N	WELL'S STATIC WATER	LEVEL ft.				
ŀ		WELL WAS USED AS:	5 Public Water Supp	ılv	9 Dewater	rina	
		2 Irrigation 3 Feedlot	6 Oil Field Water Suj 7 Domestic (Lawn &	pply	10 Monitoria	ng Well	
w	X	4 Industrial	8 Air Conditioning			No×	
	S W ———— S E ——	—S W ——————————————————————————————————					
	S	Water Well Disinfected:	Yes No				
5	TYPE OF BLANK CASING USED:						
	Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 FVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
	Blank casing diameter in. Casing height above or below land	Was casing pulled? surface i	Yes No .2	∠ If y	es, how muc	oh	
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 (spec	city below)	
	2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage		U.LACA:	T	
	4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	14 Abandoned wate	er well			
	Direction from well?		feet?				
F	ROM TO PLU	GGING MATERIALS					
	40 15 ma	vel					
	U	\					
	150 CMU	MT					
			_				
		ed to the second second					
7	7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Well Contractor's License No							
by (signature) under the business name of by (Signature)							
IN	STRUCTIONS: Use typewriter or ba	all point pen. Please press fir	rmly and print clearly. Plea	ase fill in blan	ks, underline	or circle the correct	
answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.							