	WATER WELL PLUGGING RECORD	Form WWC-5P KSA 8	32a-1212	D NO	
	NE SE SWNW				
1 LOCATION OF WATER WELL:	1	Section Number	Township	Number Rang	ge Number
Distance and direction from nearest town or		ed within city?			10
10 11 01	sel below				
2 WATER WELL OWNER SHOWN STATE OF THE STATE	in Armstrong	Board of Agriculture, [Division of Wate	r Resources	
City, State, ZIP Code : With	g, KS 672010	Application Number:			
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	DEPTH OF WELL	25 ft			
N	WELL'S STATIC WATER LET	VEL ft.			
	WELL WAS USED AS:				
w	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply 6 Oil Field Water Sup 7 Domestic (Lawn & 8 Air Conditioning	ply 10	9 Dewatering 0 Monitoring Well 1 Injection Well 2 Other	
S W —— S E ——	Was a chemical / bacteriolog If yes, mo/day/yr sample w	vas submitted		nt?Yes	№
S	Water Well Disinfected: Yes	No			
5 TYPE OF BLANK CASING USED:					
	rought 7 Fiberglass bestos-Cement 8 Concrete T	, , ,	•		
Blank casing diameter in. Casing height above or below land		Yes No	If ye	s, how much	
6 GROUT PLUG MATERIAL: 1 Ne	eat cement 2 cement grout	3 Bentonite 4 Ot	her		
Grout Plug Intervals: From	,	From ft. to .	ft.,	From	to ft.
What is the nearest source of possi 1 Septic tank	ble contamination: 6 Seepage pit	11 Fuel storage	(16)	Other (enecify held	יי ועור
2 Sewer lines	7 Pit privy	12 Fertilizer storage		inscri	<i>01-</i>
3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storag14 Abandoned water		•	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	Well		
Direction from well? How many feet?					
FROM TO PLUC	GGING MATERIALS				
35 12 gra	UL!	_			
12 0 000		_			
120 COM		_			
		-			
		-			
7 CONTRACTOR'S OB LANDOWNE on (mo/day/year)	ER'S CERTIFICATION: This w	ater well was plugged and this record is true	f under my ju	risdiction and wa	s completed
Water Well Centractor's License No	Dusiness need of IAVIA	This Y	ates Well Reco	d was completed on	(mo/day/year)
	business name ofV.X.X.	y car	~ ~ ~ ~ ~ ~	T. J	
INSTRUCTIONS: Use typewriter or ba	all point pen. Rlease press firmly	and print clearly. Pleas	se fill in blanks	s, underline or circ	le 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.					