

SW NW SE SE WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO._

								·		
1	LOCATION OF WATER WI	ELL:	Fraction	Section	Number	Township	Number	Range	Nun	mber
County: Sedawick Was 300 1/4 Mod			BIG		2	Ce		<u>l</u>	EF	
Dist	tance and direction from neare	est town or ci	ty street address of well if loca	ated within city	?				E	AST
T				F-7.						
2	WATER WELL OWNER:	Mi (+05	CHATOSTACE							
1	RR #, St. Address, Box #: City, State, ZIP Code :	11:04 W:04	ita KS	Applic	of Agriculture ation Number	e, Division of W	ater Resourc	es		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N		4 DEPTH OF WELL		ft.					
			WELL'S STATIC WATER LEVEL							
			WELL WAS USED AS:							
	NW NE	:	1 Domestic		Water Supply		9 Dewateri			
	X		2 Irrigation 3 Feedlot		d Water Supp tic (Lawn & G		10 Monitorin 11 Injection			
W		E	4 Industrial	8 Air Cor			12 Other			
SW SE Was a chemical / bacteriological sample submitted to Department? Yes										
	If yes, mo/day/yr sample was submitted									
L	S		Water Well Disinfected: Ye	s No.						
_]	TYPE OF BLANK CASING	HSED:								
5			ught 7 Fibergla	nee 9 Ott	ner (Specify b	olow)				
	1 Steel 3 RMP (SR 2 PVC 4 ABS		estos-Cement 8 Concre							
	Blank casing diameter .		Was casing pulled?	Yes	No	If	yes, how mu	ch TOP	<u>}</u>	
			face							
6	GROUT PLUG MATERIAL: Grout Plug Intervals:	: 1 Ne From	at cement 2 Cement group 2 Comment to			Other ft o ft				ft.
	What is the nearest source			, 110111		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 10111		<i>,</i>	
1 Septic tank			6 Seepage pit		11 Fuel storage 16 Other (specify below)					
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon		12 Fertilizer storage 13 Insecticide storage					
4 Lateral lines			9 Feedyard	14 Aban	14 Abandoned water well					
5 Cess pool Direction from well?			10 Livestock pens	20	15 Oil well/Gas well 25-30					
	Direction from well?	OFT	How many	feet?	, , , , ,					
FROM TO PL		PLU	IGGING MATERIALS							
30 O Bento		en ton	: te							
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
7	00017010707070	ANDOM	DIO OEDTIEIO ATION TI							
ட்	(mo/day/year)	19-02	R'S CERTIFICATION: This	water well v	vas plugged record is true	unaer my ju e to the best o	risdiction ai f my knowle	nd was coi dge and be	πριete lief. Κε	ed on ansas
Water Well Contractor's License No. (2.1) Water Well Contractor's License No. (2.1) Under the business name of Chase Dr. 11.19 by (signature)										
	by (signature)	Jul	eke			•••••••••	•••••			•••••
INSTRUCTIONS: Use typewriter or 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.