| | | | | WATER WELL PLUGGING RE | CORD Form WWC-5P | KSA 82a-1212 ID | NO | |
|--|---------------------------|----------------------------|-----------------------------|--|---|-------------------------|--------------------------|---|
| 1 | LOCAT | ION OF WAT | ER WELL: | Fraction SW SE NW NW | Section Number | Township Number | Range Number | |
| Col | untv: SE | DG WIG | cK | 1/4 1/4 1/4 | 19 | 265 | I IE EM | |
| | | | nearest town or | city street address of well if locat | 4 | | | |
| | | | | IN. SAINT | CLAIR | | | |
| 2 | WATER | R WELL OWN | IER: JON | McLallen | | | | |
| RR #, St. Address, Box #: 5221 City, State, ZIP Code : With | | | | N. St. Clar Ct. Board of Agriculture, Division of Water Resources Application Number: | | | | |
| 3 | MARK WELL'S LOCATION WITH | | | 4 DEPTH OF WELL | | | | |
| | AN "X" IN SECTION BOX: | | | WELL'S STATIC WATER | LEVEL | | | |
| | | N | | WELL WAS USED AS: | | | | |
| | | | | 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well | | | | |
| | | | | | | | | W |
| | | | | | _ | | No. 3/ | |
| | SW SE | | | Was a chemical / bacteriological sample submitted to Department? Yes | | | | |
| | | | | Water Well Disinfected: Yes No | | | | |
| | | S | | | | | | |
| 5 | TYPE | OF BLANK C | ASING USED: | | | | | |
| | 1 Stee | | | ought 7 Fiberglas bestos-Cement 8 Concrete | ` · · • | oelow) | | |
| | Blank Casing | casing diame | terin. e on below and su | Was casing pulled? | | If yes, how m | uch | |
| 6 | | T PLUG MAT | <u> </u> | eat cement 2 Cement grou | | Other | | |
| - | Grout F | Plug Intervals | | 28 ft. to 0 ft., | | to ft., From | to f | |
| | What is | the nearest | source of possible | contamination: | | | | |
| | | Septic tank Sewer lines | | 6 Seepage pit7 Pit privy | 11 Fuel storage12 Fertilizer storage | , . | her (specify below) | |
| | 3 W | atertight sew | er lines | 8 Sewage lagoon | 13 Insecticide storage | е | | |
| | | ateral lines ess pool | | 9 Feedyard 10 Livestock pens | 14 Abandoned water15 Oil well/Gas well | well | | |
| | Directi | on from well? | , SW | How many f | eet? 36 | | | |
| | | · == | | · · · · · · · · · · · · · · · · · · · | | | | |
| FROM | | то | | UGGING MATERIALS | | | | |
| 28' | | 0, | Neat | Cement | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| _ | **** | | | | | | | |
| | | | | | | | | |
| 7 | CONT | PACTORIC | OE LANDOWS | EDIC CEDTIFICATION: This | water well was alwares | d under my juriodiction | and was completed on | |
| (mo/day/year) | | | | | | | ledge and belief. Kansas | |
| Water Well Contractor's License No | | | | | | | | |
| INI | | | | point pen. <u>Please press firm</u> | | | | |
| ar | iswers. Se | end top three | e copies to Kans | sas Department of Health an | d Environment, Bureau | of Water, Geology Sect | ion, 1000 SW Jackson | |
| St | ., Ste. 420 |), Topeka, K | (ansas 66612-10 | 367. Telephone: 785/296-552 | 22. Send one to Water V | Vell Owner and retain o | ne for your records. | |