M7195 W	ATER WELL PLUGGIN	G RECORD	Form WWC-5P	(SA 82a-1212 Mu)	-ZB
1 LOCATION OF WATER WELL	: Fraction		Section Number	Township Number	Range Number
County: Leclaric	k WW1/454	114 NE14	32	26	ZE
Distance and direction from \$90.5		city street	address of well if	located within city	?
	Le Boeine		Duny		
RR#, St. Address, Box #: City, State, ZIP Code :		7730	Board of Agri	culture, Division of umber:	Water Resources
3 MARK WELL'S LOCATION W AN "X" IN SECTION BOX:	ITH 4 DEPTH	OF WELL	1515		
N N	<del></del>		K LEVEL		
		WAS USED AS:	E Bublic Habes Our	O Bountoni	
X N E	2	Domestic Irrigation		Supply	ng Well
w	E I	Feedlot Industrial	7 Lawn and Garden 8 Air Conditioning	•	
S WS E	Was a cl	hemical/bacte	eriological sample s emple was submitted.	ubmitted to Departme	ent? YesNo
			ed: Yes No		
s					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameterZin. Was casing pulled? Yes. X No If yes, how much 15.5.4. Casing height above or below land surfacein.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From 1.7ft. to 15.5.ft., Fromft. toft., From toft.					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight sewer l 4 Lateral lines 5 Cess Pool	6 Seepage 7 Pit priv ines 8 Sewage 9 9 Feedyard 10 Livestoo	vy Lagoon	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	ge age well	specify below)
Direction from well? .		••••	How many feet?		
FROM TO	PLUGGING MATER	RIALS		,	. /
D 14 B	uck fill		well	was loca	ated
14 15.5 E	Bentoni	tu	inas	was loc. area excavate	That.
			I Was	, NOW Vate	d out
			- www a	e receive e	
7 CONTRACTOR'S OR LANDON on (mo/day/year)	S License No	business hank	This Mater Vell	nder my jurisdiction st of my knowledge a Record was comblete	n and was completed and belief. Kansas and on (mo/day/year)
by (signature)	riter or hall point pe		s firmly and print clea	rly Please fill in blank	s. underline or circle

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.