WATER WELL MINISTRECORD Form WWC-5P KSA 82a-1212

1 LOCATI	ON OF WATER	WELL: SW	Fraction	NC	Section Number	Township Number	Range Number
County:	0 1	. h	SE 1/4 1/4	<b>NE</b> 1/4	31	27	IE
Distance and direction from mearest top or city street address of well if located within city?							
2 WATER WELL OWNER: My Krablin							
RR#, St. Address, Box #: 1756 &, Dock Bord of Agriculture, Division of Water Resources City, State, ZIP Code : Wiching Ka 6 7 Application Number:							
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL							
N	WELL WAS USED AS: N W N E H H H H H H H H H H H H H H H H H H						
S Was a chemical/bacteriological sample submitted to Department? YesNo.X. Was a chemical/bacteriological sample submitted to Department? YesNo.X. Water Well Disinfected: YesNo.X.							
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR)  5 Wrought  7 Fiberglass  9 Other (specify below)    OPVC  4 ABS  6 Asbestos-Cement  8 Concrete Tile  9 Other (specify below)    Blank casing diameter							
What is the nearest source of possible contamination:    1 Septic tank  6 Seepage pit  11 Fuel storage  16 Other (specify below)    2 Sewer lines  7 Pit privy  12 Fertilizer storage							
Direction from well? East How many feet? 50							
FROM	TO	PLU	GGING MATERIALS	- */a=	_		
0	8	Jop	- tor	2			
8	18	Fin	p Jan J	Dan	E a		
18	35	Gar	se log -	De			
						metructe	0
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was provided under my jurisdiction and was completed on (mo/day/year)							
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: 913/296-3565. Send one to Water Well Owner and retain one for your records.							