WATER WELL PLUGGING RECORD Form

Form WWC-5P KSA 82a-1212

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1 LOCATIO	ON OF WATER WI	ELL:	SE SW NW SW	Section Number	Township Number	Range Number	
County:	edgw	ick	Sag 1/4 an 1/4 por 1/4	27	27 50.44	-E	
Distance and direction from nearest town or city street address of well if located within city?							
1296 S. MINACAPOLIS							
2 WATER WELL OWNER:							
RR#, St. Address, Box #: City, State, ZIP Code : 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 WAS USED AS:						
				E Dublie Haten Cum		_	
N	N W N E 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation <u>6 Diffield Water Supply</u> 10 Monitoring Well						
w	X	E		7 Lawn and Garden C	Only 11 Injection 12 Other		
	v			-			
S Was a chemical/bacteriological sample submitted to Department? YesNo Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes. No OHLOKINE Less Muse 1/2 GAMEN							
If yes, mo/day/yr sample was submitted							
Water Well Disinfected: Yes. A No OHLORINE Less man							
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From ft. to							
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 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage							
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
Direction from well? How many feet?							
FROM	то	PLU	GGING MATERIALS				
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3	0	C	ALL FIL				
			7				
				-			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
Water/Well Contractor's License No This Water Well Record was completed on (mo/day/year)							
by (signature)							
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.							
one for your records.							