WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction W4)4 4/4 Style	Section Number	Township Number 275	Range Number
Distance and direction from nearest town or city street address of well if located within city? $54N$, $5(4N)$				
2 WATER WELL OWNER: PAZA PCI SOL RR#, St. Address, Box #: 1514 N. St. Cture Board of Agriculture, Division of Water Resources City, State, ZIP Code : WichHarks 6729 Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
WELL WAS USED AS:				
N W N E 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other				
SWSE Was a chemical/bacteriological sample submitted to Department? YesNo X If yes, mo/day/yr sample was submitted Water Well Disinfected: YesNo				
5 TYPE OF BLANK CASING USED:				
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 VC 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				
What is the nearest source of possible contamination: 1 1 Fuel storage 1 <				
FROM TO PLUGGING MATERALS				
37 12 gravel				
12 3 cement				
30 top soil				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged 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.				