WATER WELL PLUGGING RECORD Form WWC-5P

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KSA 82a-1212

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State, ZiP code : Wich the KS Lot 720 4 Application Number: Unknown MARK WELL'S LOCATION WITH AM "W" IN SECTION BOX: : : Mark Well'S COCATION BOX: : : Mark Well'S STATE AND COMPLEX S	WATER V	VELL OWNER:	21	Zhill 24	+h C+		
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N DEPTH OF WELL			#: 41	istand KS	Board of Agri	iculture, Division of	Water Resources
AN "X" IN SECTION BOX: N WILL'S STATIC WATER LEVEL					14	4+	<i>wŋ</i>
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TYPE OF BLANK CASING USED: Type OF BLANK CASING USED: Ty	s	W	-s e	 If yes, mo/day, 	yr sample was submitted.	submitted to Department	11? fes
TYPE OF BLANK CASING USED: TYPE OF BLANK CASING USED: TYPE 0 BLANK CASING USED: TYPE 4 ABS 6 Asbestos-Cement 8 Concrete Tile			X	Water Well Disi	infected: Yes. X. No.		
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile 9 Other (specify below) Blank casing diameter in. Was casing pulled? Yes No 1f yes, how much		S					
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Casing height above or below land surface						(op==::) ==::,	
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	Blank d	asing diame	ter Z.	in. Was cas	ing_pulled? Yes	No If yes, how	much
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 2 Seture Innes 7 Pit privy 12 Fertilizer storage 3 Matertight sever lines 8 Sewage Lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? Neethal MaterIALS 7 O Cennent 6 9 S and 16 9 S and 16 9 S and 16 9 S and 16 9 S and 17 O Cennent 18 Neet Well was plugged under my jurisdiction and was completed on (mo/day/year)	Casing	height abov	e or below	and surface	() in.	i	
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CONTRACTOR'S OR LANDOWNER'S CERLIFICATION: This water well was plugged under my jurisdiction and was complet on (mo/day/year)S.I.2 and this record is true to the best of my knowledge and belief. Kans water Well Contractor's License NoS.Z.G This Water Well Record was completed on (mo/day/yea S.I.2				•			
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by (signature)	Water	ell Contract	tor's Lice	nse No 6.2	. This Water Well	Record was completed	on (mo/day/year
		inature)	····/	under the business		5	••••••
تمتنه محساسين مالمنا فالتسميم والمناسية فتستلا مستلام مممر وتعمل مستنجع متستعلم ومناهد والمستحد والمناخ	by (sig						
correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansa 20-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.	rruct	IONS: Use ty	pewriter or	ball point pen. Please	e press firminand print clea	rly. Please fill in blanks,	underline or circle