W	111-1	WATER W	ELL PLUGGING RECORD	Form WWC-5P	KSA 82a-1212	2011	07.3
1 LOCATIO	ON OF WATER	WELL:	Fraction	Section Number	Township		Range Number
County:	sedawio		SW 1/45E 1/4NE1/4	21	2	7	1E
Distance and direction from nearest town or city street address of well if located within city? SE Corner & LEVELand, within							
2 WATER	WELL OWNER:	, ,	4 1 1	ine	wasu	~ <u>~</u>	
	Address, Box te, ZIP Code	:: 12 :: W	5 N. Mathrews khillow KS 6721	Board of Agri Application N	culture, Div umber:	ision of N	Vater Resources
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVELft.							
			WELL WAS USED AS:				
N	W	N E	1 Domestic 2 Irrigation 3 Feedlot	5 Public Water Sup 6 Oil Field Water 7 Lawn and Garden	Supply 10 Only 11	Dewaterin Monitorin Injection	Well
W		 ^-	E 4 Industrial	8 Air Conditioning		Other	٨.
S	` w	S E	Was a chemical/bact If yes, mo/day/yr s	eriological sample s ample was submitted.	ubmitted to	Departmen	t? YesNo/X
L	S		Water Well Disinfec	ted: Yes No.	K		
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 diameterin. Was casing pulled? Yes No							
	casing diame height abov		in. Was casing land surface	pulled? Yesin.	overde	yes, how r	juch. [4.5
6 GROUT	PLUG MATERIA			ut <u>3 Bentonite</u>	4 Other		
Grout Plug Intervals: From. $\frac{2}{3}$.ft. to. $\frac{19.5}{5}$.ft., Fromft. toft., From toft.							
What is	s the meares	st source of	f possible contamination	n:			
2 Se 3 Wa 4 La	ptic tank wer lines tertight sew teral lines ss Pool	wer lines	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	ge age well	Other (spe	ecify below)
Direct	ion from wel	1? ta	<i>H</i>	How many feet?	i C	• • • • •	
FROM	то	PLU	JGGING MATERIALS				
0	2	Conc	rete				
2	195	Ben	tonite				
			M-1/M18897100000				
on (mo	/day/year)		CERTIFICATION: This wate 	rd is true to the be This Anatter We∤t	st of my kno Regord was	wledge and completed	d belief. Kansas ຼວກ (mo/day/year)
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.							