	WATER WELL PLUGGING RECO	RD Form WWC-5P KSA	82a-1212 ID NO	
		and a literary with a second of the lateral		
1 LOCATION OF WATER WELL:	Fraction CWN XX	Section Number	Township Number	Range Number
County: Sedounick	NW WWW	31	275	
Distance and direction from nearest town	1	acted within city®:		10
Distance and direction com nearest town	1908	3 S. Millwoo	1	
2 WATER WELL OWNER: Ruby P	KP EState			
RR #, St. Address, Box #: 515 N	Riagika.	Board of Agriculture,	, Division of Water Resource	s
City, State, ZIP Code : W)	axs67212_ ,	Application Number:		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	HO 17		
N	WELL'S STATIC WATER	LEVEL 15 ft.		
	WELL WAS USED AS:			
NW NE		E. Bullio Mater Comm	oli. O Dowet	aring.
X	1 Domestic 2 Irrigation	5 Public Water Supp Goil Field Water Su	-	ering oring Well
	3 Feedlot	7 Domestic (Lawn 8	k Garden) 11 Injectio	on Well
W	4 Industrial	8 Air Conditioning	12 Other	
Was a chemical / bacteriological sample submitted to Department?Yes				
If yes, mo/day/yr sample was submitted				
	Water Well Disinfected:	Yes No		
S				· ·
5 TYPE OF BLANK CASING USED:				
, ,	Wrought 7 Fibergl			
2 PVC 4 ABS 6 A Blank casing diameterin	Asbestos-Cement 8 Concre . Was <u>casing</u> pulled?	. ()		uch
Casing height above or below land	surface		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6 GROUT PLUG MATERIAL: 1 N	Neat cement (2) cement grou	ut 3 Bentonite 4 0	Other	
Grout Plug Intervals: From	ft. to ft.,	, From ft. to	o ft., From	to f
What is the nearest source of pos	sible contamination:			
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (sp	ecify below)
Sewer lines	7 Pit privy	12 Fertilizer storag		
3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon9 Feedyard	13 Insecticide stora14 Abandoned water	•	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well? Solution How many feet?				
	UGGING MATERIALS			
THOM TO PE	JAGING WATERIALS			
UU IS GRO	wel.			
()				
15 3 Cl	MOUNT			
	men.			
7 0 10				
30 40	peace			
	•			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas				
on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of Work and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year)				
by (signature) McClubb Cocaca				
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct				
answers. Send too three copies to	oaii poin (pen. <u>Please press fil</u> Kansas Department of Heal	<u>rmiy</u> and <u>print</u> clearly. Ple th and Environment. Bu	ase IIII in Dianks, underlii reau of Water. Topeka.	Kansas 66620-0001.
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.				