SE NW SW SE WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO. __

Distance and direction from nearest town or city street address of well It located within city? 2 WATER WELL WARE TOWN MONTH RR 4, St. Address, Box 2: 2409 PLY Y Boed of Application, Division of Water Resources Application Number. RR 4, St. Address, Box 2: 2409 PLY Y Boed of Application, Division of Water Resources Application Number. Boed of Application, Division of Water Resources Application Number. I Number. WELL STATIC WATER LEVEL	1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Distance and direction from nearest lown or city street address of well it located within city? 2	1 1		6	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 such	
2 WATER WELL OWNERS TO						
2 WATER WELL OWNER: TO M PLY SAPPLEAD AS 15 Adjectation Number: SI MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX. WELL'S STATIC WATER LEVEL	2409 Perry Wichthe KS					
RR #, St. Address, Box #: 2409 Board of Agriculture, Division of Water Resources Application Number: Board of Agriculture, Division of Water Resources Application Number: WELL'S STATIC WATER LEVEL. N WELL'S STATIC WATER LEVEL. N WELL WAS USED AS: Domestic 5 Public Water Supply 9 Downstering 10 Monitoring Well 3 Seption 7 Dorostic Public Water Supply 10 Monitoring Well 3 Seption 7 Dorostic Public Water Supply 10 Monitoring Well 3 Seption 7 Dorostic Public Water Supply 10 Monitoring Well 10 Dorostic Public Water Supply 10 Monitoring Well 10 Dorostic Public Water Supply 10 Monitoring Well 11 Public Water Supply 10 Monitoring Well 11 Public Water Supply 10 Monitoring Well 12 Other 11 Public Water Well Disinfected: Yes	2 WATER WELLOWNER: TOM MONK					
MARK WELL'S LOCATION WITH AN X IN SECTION BOX. N WELL'S STATIC WATER LEVEL	2.622	Perry		Division of Water Resource	S	
AN X' IN SECTION BOX: WELL'S STATIC WATER LEVEL	City, State, 21 Code . WICH UK , KS					
WELL'S STATIC WATER LEVEL						
N W	WELL'S STATIC WATER LEVEL ft.					
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W S E 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other	N W ——— N E ——				-	
Was a chemical / bacteriological sample submitted to Department? Yes						
If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No No No No No No Yes No No Yes No No Yes No No No No No Yes No No Yes	W E	4 Industrial				
S Water Well Disinfected: Yes						
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Coment 8 Concrete Tile Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in. 6 GROUT PLUG MATERIAL: Neat cement) 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer-Imos 7 Pit privy 12 Fortilizer storage 3 Waterlight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral Imos 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil wall/Gas well Direction from well? How many feet? FROM TO PLUGGING MATERIALS Plugged two Cumust - Button to ft. FROM TO PLUGGING MATERIALS Plugged two Cumust - Button to ft. Chapter Cut of A 3 Ft. Chapter Cut of A 3 Ft. Chapter Cut of A 3 Ft. Contractor's OR Landowners 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. Kanses Water Well Copyractor's License No. Jurise water well Record was completed on (mo/day/year) Levi Copyractor's License No. Jurise water well and this record is true to the best of my knowledge and belief. Kanses Water Well Copyractor's License No. Jurise bysiness name of This Water Well Record was completed on (mo/day/year)						
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Chips - Cut Off 3 ft blow ground Sunface 5 and point well 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 Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) myder the bysiness name of	FROM TO PLU	GGING MATERIALS				
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct					an 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.