

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO

1 COATROLOR WATER WELL:   Facation   Section   Number   Township   Number   Flange   Number   County:   Sed   Section   Number   2.7   Sed   Section   Number   2.7   Sed   Section   Number   2.7   Sed   Section   S									
Distance and diregiton from nearest town or city street address of well if located within city?  YED Y ENDER HOLLOWSER  WATER WELL OWNER  RI 8, St. Address, Box 8: 104 12 Chapter St. Chr. State, 2P Code : OWNER  RI 8, St. Address, Box 8: 104 12 Chapter St. Chr. State, 2P Code : OWNER  RI 8, St. Address, Box 8: 104 12 Chapter St. Chr. State, 2P Code : OWNER  RI 8, St. Address, Box 8: 104 12 Chapter St. Chr. State, 2P Code : OWNER  RI 8, St. Address, Box 8: 104 12 Chapter St. Chr. State, 2P Code : OWNER  RI 8, St. Address, Box 8: 104 12 Chapter St. Chr. State, 2P Code : OWNER  RI 8, St. Address, Box 8: 104 12 Chapter St. Chr. State, 2P Code : OWNER  RI 8, St. Address, Box 8: 104 12 Chapter St. Chr. State, 2P Code : OWNER  RI 8, St. Address, Box 8: 104 12 Chapter St. Chr. State, 2P Code : OWNER  RI 8, St. Address, Box 8: 104 12 Chapter St. Chr. State, 2P Code : Owner, 2P Code : Ow	1	LOCATION OF WATER W	/ELL:	Fraction	Section Number	Township	Number	Range	Number
Water Well Cowners Strip S, Stades, Box #: 10412 Fly S Spand of Agriculture, Division of Water Resources Application Number:    Well S, Stades	Coun	14: Sedywich	_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25	27	5	1	٤
WATER WELL OWNER: BRI 8, St. Address, Box 8* 10412 First St. A	Distar					· ( * )			
Rif a, St. Address, Box # 104 1 7 Find # 1		400 F	E. Kil	6045 91 , 50	ASSESSION IN	1, Chr. pu	1ES	<u> </u>	
MARK WELLS LOCATION WITH  MAY "X IN SECTION BOX  WELL WAS USED AS:  1 Domestic 5 Public Water Supply 2 Dewatering 3 Feedoto 7 Domestic (Lawn & Garden) 11 Injection Well 3 Feedoto 7 Domestic (Lawn & Garden) 11 Injection Well 11 Injection Well 12 Office 12 O	2 V	WATER WELL OWNER:			n ~				
WELL'S STATIC WATER LEVEL. M. ft.  WELL WAS USED AS:  1 Domestic 5 Public Water Supply 2 Dewatering Monitoring Well 3 Feedor 7 Domestic (Lawn & Garden) 11 Injection Well 12 Other 13 Feedor 14 Industrial 8 Air Conditioning 3 Feedor 15 Demands (Lawn & Garden) 14 Industrial 8 Air Conditioning 3 Feedor 15 Other			1041Z OVEN 10	Flint KS	Application Number:	Division of Wat	er Resource	5	
WELL WAS USED AS:  1 Domestic 5 Public Water Supply 2 Irrigation 6 Oil Field Water Supply 3 Feedoto 7 Domestic (Lawn & Garden) 11 Injection Well 11 Injection Well 12 Other  Was a chemical / bacteriological sample submitted to Department? Yes		AN "X" IN SECTION BOX							
2 Irrigation 8 Oil Field Water Supply 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Alf Conditioning 12 Other		الم							
TYPE OF BLANK CASING USED:   Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)   Blank casing diameter   Mass 6 Asbestos-Cement 8 Concrete Tile     Blank casing diameter   Mass 6 Asbestos-Cement 8 Concrete Tile     Casing height above or below land surface   Mass casing pulled?     Casing height above or below land surface   Mass casing pulled?     Casing height above or below land surface   Mass casing pulled?     Casing height above or below land surface   Mass casing pulled?     Casing height above or below land surface   Mass casing pulled?     Casing height above or below land surface   Mass casing pulled?     Casing height above or below land surface   Mass casing pulled?     Casing height above or below land surface   Mass casing pulled?     Grout Plug Intervals: From	w	N W N		2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Su</li><li>7 Domestic (Lawn &amp;</li></ul>	pply C Garden)	Monito Injection	oring Well on Well	
TYPE OF BLANK CASING USED:    Steel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (Specify below)		s ws	E				ent?Yes	No ,	<i>y</i>
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)	L	S		Water Well Disinfected:	Yes No				
Blank casing diameter in. Was casing pulled? Yes. X. No. If yes, how much 3. For Casing height above or below land surface 3 No If yes, how much 3. For Casing height above or below land surface 3 No If yes, how much 3. For Casing height above or below land surface 3 No If yes, how much 3. For Casing height above or below land surface 1 No If yes, how much 3. For Casing height above or below land surface 1	5	TYPE OF BLANK CASING	G USED:						
Blank casing diameter in. Was casing pulled? Yes No If yes, how much 2 Fort Casing height above or below land surface 3 in.  Blank casing diameter in. Was casing pulled? In. Form In.		1 Steel 3 RMP (S 2 VC 4 ABS				•			
GROUT PLUG MATERIAL:  I Neat cement  Committed  Grout Plug Intervals:  From  Grout Plug Intervals:  Grout Start S	, _	Blank casing diameter Casing height above or	<b>2</b> in.	Was casing pulled?	YesX No				feet
Grout Plug Intervals: From	1					Other			
What is the nearest source of possible contamination:  1 Septic tank	┙,	Grout Plug Intervals:							ft
1 Septic tank 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer 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? How many feet?  FROM TO PLUGGING MATERIALS  O 70 PLUGGING MATERIALS  O 80 PLUGGING MATERIALS  O 80 PLUGGING MATERIALS  O 90 PLUGGING MATERIALS  O 10 WWW 1	,	What is the nearest sou	arce of possil	ole contamination:					
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well  Direction from well? How many feet?  FROM TO PLUGGING MATERIALS  O 70' Rentante - hydrale!  TO PLUGGING MATERIALS  O 70' Rentante - hydrale!  FROM TO PLUGGING MATERIALS  O 70' Rentante - hydrale!  TO PLUGGING MATERIALS  O 70' Rentante - hydrale!  TO NOTRACTOR'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 Contractors (License No. This Water Well Record was completed on (mo/day/year) under the business name of by (signature) under the business name of by (signature) under the business name of by (signature) 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.	1 Septic tank					16	Other (sp	eçify below)	£ 1.1==
4 Lateral lines 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well  Direction from well? How many feet?  FROM TO PLUGGING MATERIALS  O 70' Reutonite - hydrales  FROM TO PLUGGING MATERIALS  O 70' Reutonite - hydrales  FROM TO PLUGGING MATERIALS  O 70' Reutonite - hydrales  FROM TO PLUGGING MATERIALS  O 70' Reutonite - hydrales  FROM TO PLUGGING MATERIALS  O 70' Reutonite - hydrales  FROM TO PLUGGING MATERIALS  O 70' Reutonite - hydrales  FROM TO PLUGGING MATERIALS  O 70' Reutonite - hydrales  FROM TO PLUGGING MATERIALS  O 70' Reutonite - hydrales  O 70' Reu				, -		e fill	{ f:HDein	Lina L	<u>US)</u>
FROM TO PLUGGING MATERIALS  0 20' Reutonute hydrales  FROM TO PLUGGING MATERIALS  WILL D. Mw-II C  FORMER Amount To Mull	. <del>-</del>					•	/		
PLUGGING MATERIALS  O 70' Beutomite - hydrale!  Former Amo w # 9513  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)  on (mo/day/year)  Water Well Contractor License No.  Under the business name of by (signature)  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.						1			
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-1-2002 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor License No.  This Water Well Record was completed on (mo/day/year) under the business name of by (signature) yes the business name of by (signature) This Water Well Record was completed on (mo/day/year) under the business name of by (signature) 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									
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on (mo/day/year)					forme	v An	1000	# 951	3
on (mo/day/year)									
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