nw-9

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

	OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	dswick	NW145E1/4SE1/4	20	27	IE
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Tell Wayne + Delle					
RR#, St. Address, Box #: 1901 Spyg (ass Board of Agriculture, Division of Water Resources City, State, ZIP Code: Evergue (0 80439Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL					
W W	N E	WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	6 Oil Field Water 5	Supply 10 Monitoring	g Well Well
s w	s X	Was a chemical/bact If yes, mo/day/yr s Water Well Disinfec	ample was submitted.	ubmitted to Departmen	t? YesNo
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 BVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameterin. Was casing pulled? Yes No. X. If yes, how muchin. Casing height above or below land surfacein.					
GROUT PLUG MATERIAL: 1 Neat cement					
What is the nearest source of possible contamination:					
1 Sept 2 Sewe 3 Wate	ic tank r lines rtight sewer lines ral lines	6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	age Conts Well	
Direction from well? How many feet?					
FROM	то Р	LUGGING MATERIALS			
20 :	3 Ber	tonte			
3 (5S cu	tonte next growt			
-					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (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.					