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WATER WELL PLUGGING RECORD	Form WWC-5P	KSA 82a-1212	ID NO

, 1. . **.** ¥

1	LOCAT		ER WELL:		Fraction	Sectio	n Number	Township Number	Range	Number		
	unty: SE	NGU	TCK	NE	NEYA SW YA SE YA		BA 27	Tats	R			
Dist	tance and	direction from	nearest tow	n or c	ity street address of well if loca	ated within		n Wichit	المع			
	one	44	Wing	5	st 24	345	Aloma	n Wichife	29	67211		
2	WATE	R WELL OWN	ER: J/1 25	49	LEBEDA Alonna							
	RR #, St. Address, Box #: Wichtfor ES 67211 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Wichtfor ES 67211 Application Number:											
3		WELL'S LOC	ATION WITH	ł	4 DEPTH OF WELL	Z¢	ft.			•		
	AN "X"	"X" IN SECTION BOX:			WELL'S STATIC WATE	R LEVEL	//					
		N		7	WELL WAS USED AS:							
	NV	v — —	י – NE ––––	_	1 Domestic		blic Water Supply					
					2 Irrigation 3 Feedlot		Field Water Supp mestic (Lawn & G		-			
W			-	E	4 Industrial	8 Air	Conditioning	12 Other				
	sw	v — —	, 9E	_	Was a chemical / bacteriolo If yes, mo/day/yr sample wa	gical samp	le submitted to De	epartment? Yes	No			
			$\overline{\mathbf{A}}$		Water Well Disinfected: Ye		No					
		S				.						
5	TYPE	OF BLANK CA	SING USED	D:	-							
	2 FSteel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 FVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											
	Blank casing diameter											
	Casing height above of below and surface											
6		T PLUG MATE			eat cement 2 Cement gro 2 Cement gro 3 ft. to			Dther 		 to ft.		
	Grout Plug Intervals: From											
		eptic tank			6 Seepage pit		uel storage	16 Other (ope	aify bolow)			
2 Sewer lines 3 Watertight sewer lines				7 Pit privy 8 Sewage lagoon	13 lr	ertilizer storage secticide storage			-			
4 Lateral lines 5 Cess pool					9 Feedyard 10 Livestock pens		bandoned water v il well/Gas well	Nell				
	Directi	ion from well?	EAS	-T	How many	feet?	197					
	FROM	то		PLU	JGGING MATERIALS							
	3	0	(.									
		3	Br		tu: Le							
	ZO	1	SA		dillech							
					V							
-												
7												
(mo/day/year)												
by (signature)												
IN	STRUCT	ONS: Use ty	pewriter or	ball	point pen. Please press fir	mly and p	rint clearly. Pleas	se fill in blanks, underlin	e or circle	the correct		
an	swers. Se	end top three	copies to	Kans	as Department of Health a	nd Enviro	nment, Bureau c	of Water, Geology Section	n, 1000 S	SW Jackson		
100	St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.											