				WATER	WELL PLUGGING I	RECORD	Form WWC-5P	KSA 82a-12	12 ID N	0	
1	LOCATION OF WATER WELL:			Fractio	Fraction		Section Number		Township Number		mber
Cou	ıntv: S	Edgw	w K	164	VE14 NE14		3	2	7	1 5	(EW
Dis	tance and	direction fro	m nearest town o	r city street	address of well if lo	cated within c	ty?				
4	Behin	d GA	5 Strition	. 2	327 E.	134	Wood	Cours	(Wic	Lita KS)	
2	WATE	R WELL OW	VNER: 46 D	llons	I DWEN 1919 '	EMON					
	RR #, S City, Sta	t. Address, l ite, ZIP Cod	Box #: 6165 le : Wick	E. 134 HA K	r 15 67208		rd of Agriculture	e, Division of Wa r:	ter Resourc	es	
3		WELL'S LC IN SECTIO	OCATION WITH ON BOX:	. .	depth of well						
		N	X	:	ELL WAS USED AS						
	NV	/	NE		1 Domestic2 Irrigation3 Feedlot	6 Oil F	ic Water Supply ield Water Supp estic (Lawn & G	oly 1	9 Dewaterin0 Monitorin1 Injection	g Well_	
W				≣	4 Industrial		onditioning				
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes										
		S		Water \	Well Disinfected: \	′es N	o . X				
5	TYPE (OF BLANK	CASING USED:								
	1 Stee 2 PVC		` '	Vrought sbestos-Ce	7 Fiberg	lass 9 (ete Tile	Other (Specify be				
	Blank (Casing	casing diam g height abo	neterin. ove or <u>below</u> land	V surface	Vas casing pulled?	YesX	No	lf ye	es, how mud	in 10 Φ	<u> </u>
6		T PLUG MA		Neat cemen							
		Plug Interval	st source of possib			, From	π. το	o ft.,	From	to	π
1 Septic tank					epage pit	11 Fue	el storage	16	16 Other (specify below)		
2 Sewer lines 3 Watertight sewer lines					7 Pit privy8 Sewage lagoon		tilizer storage ecticide storage		STORE PARKING LOT		
4 Lateral lines 5 Cess pool				9 Fe	edyard estock pens	14 Ab	andoned water v well/Gas well	well	, ,	21.7	
			999		•	_	99				
	FROM	то		LUGGING I	MATERIALS						
25'		0'	Rout	. 45	gazeto						
			231110	nijo	11001						
-											
					, ,						
7	CONT	RACTOR'S	of Landown	JER'S CEF	RTIFICATION: Thi	s water well	was plugged	under my juri	sdiction ar	nd was complete	ed on
Г	(mo/da Water V	y/year) Vell Contrac	tor's License No		s name of Pra	and th عدد	is record is true	e to the best of ter Well Record	my knowled was comp	ige and belief. K leted on (mo/day	ansas /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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

by (signature) .