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

1	LOCAT	ION OF WAT	ER WELL:	F	raction	Section	Number	Township	Number	Range	Nu	ımber	
County: SEOGWICK			NE	1/4 NE 1/4 NW 1/4	6		727	15	R	E	EW		
	tones and a	lizaction from	nearest town or	r city s	treet address of well if loc	ated within city?	?	1 kc	17	704		Ŭ	
	Da	seme	mt - 2	93	L N. Char	les W	ich. t	te RS	61	207			
2	WATER	WELL OWN	ER: Don 293	ina 6 N	Roush . Cha-les								
RR #, St. Address, Box #: City, State, ZIP Code : With the KS 67204 Board of Agriculture, Division of Water Resources Application Number: Unknown													
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4									
	N				WELL'S STATIC WATER LEVEL								
		X			WELL WAS USED AS:								
	NW		- NE		1 Domestic		Water Supply		9 Dewateri	0			
					2 Irrigation 3 Feedlot	Domes	d Water Supp tic (Lawn & G		10 Monitorir 11 Injection	Well			
W			——————————————————————————————————————		4 Industrial	8 Air Cor	ditioning		12 Other				
SW									No . 🚬				
		S		W	Water Well Disinfected: Yes No								
5													
5	5 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)												
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile													
	Blank casing diameter												
6	GROUT	F PLUG MATE	ERIAL: 1	Neat c	ement Cement gro		onite 4 (	Other					
Grout Plug Intervals: From													
What is the nearest source of possible contamination:													
							storage zer storage	4	Cither (spe	<u>cify below)</u> محرج ج		10-0	
<ul><li>3 Watertight sewer lines</li><li>4 Lateral lines</li></ul>				8 Sewage lagoon	13 Insec	13 Insecticide storage 14 Abandoned water well							
5 Cess pool				9 Feedyard 10 Livestock pens		15 Oil well/Gas well							
	Direction from well?												
FROM TO PL				PLUGO	ING MATERIALS								
3 0 cen			ne	nt									
	16	3	Br	to	: Le								
	20	16	5	d	bleach			PI	ECEIVE	=D			
					1			1.1		er bui'			
								00	T 2 1 20	)04			
								BURE	AU OF W	ATER			
_	Г		 										
7	CONTI (mo/da	RACTOR'S	OF LANDOWN	NER'S	CERTIFICATION: This	s water well v and this	vas plugged record is tru	under my ju e to the best o	risdiction a	nd was co dge and b	omplet elief. K	ted on (ansas	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)												y/year)	
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, 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.												ckson	
St	., Ste. 420	, торека, К	ansas 66612-	1367.	relephone: 785/296-58	522. Send one	e to water W	vell Owner ar	a retain on	e tor your	record	JS.	