				WATER WELL PLUGGING	RECORD Form WWC	-5P KSA 82a-1212 ID I	40
1	LOCAT	TION OF WATI	ER WELL:	Fraction	Section Number	Township Number	Range Number
	<	Sedaw		Mad Alt Allala	33	T275	$D1 \circ$
	inty: <	()		WWW WE 14 WW 14  or city street address of well if lo		Ι α / Σ	KI OW
	10		_	te Fe, Wi	1 1.0		
2	WATER	R WELL OWN		agio C. Sa			:
	RR #, S	t. Address, Bo ate, ZIP Code	11	48 5. Sau	Board of Agricu Application Nur		///
3	MARK	WELL'S LOCA	ATION WITH	4 DEPTH OF WELL	/5′ ft.	000.1	s Located
	AN "X" IN SECTION BOX:			well's static water level to basement of house			
ſ		N		WELL WAS USED AS			
	NM	*	- NE	Domestic	5 Public Water Su	pply 9 Dewate	ina
		v	I NE	( Irrigation	6 Oil Field Water S	Supply 10 Monitor	ng Well
w				3 Feedlot E 4 Industrial	7 Domestic (Lawn 8 Air Conditioning	& Garden) 11 Injection 12 Other	
				Mas a shaminal / hastaria		o Department? Yes	No. X
	SW	V	- SE		was submitted		NO
				Water Well Disinfected:	Yes No		
	S /						
5 TYPE OF BLANK CASING USED:							
	1 Stee 2 PVC		, ,	Vrought 7 Fiber Asbestos-Cement 8 Conc	glass 9 Other (Spec	ify below)	
	Blank	casing diamet	er in.	Was casing pulled?	<i>&gt;</i>	No If yes, how m	uch 5'
6	GROU	T PLUG MATE	ERIAL: 1	Neat cement 2 Cement gr		4 Other	
						to ft., From	to ft.
	What is	s the nearest s	source of possi	ole contamination:			
	<ol> <li>Septic tank</li> <li>Sewer lines</li> <li>Watertight sewer lines</li> </ol>			<ul><li>6 Seepage pit</li><li>7 Pit privy</li></ul>	11 Fuel storage 12 Fertilizer storag	(sp	
				8 Sewage lagoon	13 Insecticide stor	rage Ground	water has
		<ul><li>4 Lateral lines</li><li>5 Cess pool</li></ul>		<ul><li>9 Feedyard</li><li>10 Livestock pens</li></ul>	<ul><li>14 Abandoned wa</li><li>15 Oil well/Gas we</li></ul>	ater well	L CONTAMINA
	Directi	ion from well?		How man	ny feet?	- ,,,	CL CONTRIBINA
FROM TO			PLUGGING MATERIALS	/д''Орел	ing in ba	se Ment	
15' 0'		0'	Cem	ent growt		1	1
					floor	was du	y out
					Cdirt	poured down hole, opena	t. Cement
					Was	poured dou	IN COM
					Open	hole, openi	ing was
7	CONT (mo/da Water V	RACTOR'S ( ay/year) Well Contractor	OF LANDOW 9	NER'S CERTIFICATION: TH	and this record is	ged under my jurisdiction a strue to the best of my knowl sWater Well Record was com	edge and belief. Kansas

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.