		WATER WELL PLUGGING RE	ECORD Form WWC-5P	KSA 82a-1212) NO	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	r Range Number	
Со	unty: Sedanick	NW NIN SW	20	27	1 O±w	
Distance and direction from nearest town or city street address of well if located within city?						
205 N. Havallez, William						
2 WATER WELL OWNER: WICHOM WSVICOTION 18UPPW						
	RR #, St. Address, Box #: 203 N. Tawallers City, State, ZIP Code : Board of Agriculture, Division of Water Resources Application Number:					
3	MARK WELL'S LOCATION WITH					
	AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL ft.				
	N .	WELL WAS USED AS:	WELL WAS USED AS:			
	NW NE	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supp		tering oring Well	
w	E	3 Feedlot	7 Domestic (Lawn & G	arden) 15 Injecti	on Well	
٧٧	0-	4 Industrial	8 Air Conditioning	12 Other		
	SW SE	Was a chemical / bacteriological sample submitted to Department? Yes				
	If yes, mo/day/yr sample was submitted					
	Water Well Disinfected: Yes No					
	TYPE OF PLANK CACING LICED:					
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						
					much 21.5	
6		Neat cement 2 Cement grou	ut (3 Bentonite 4 C	Other		
Grout Plug Intervals: Fromft. to						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	Fuel storage 12 Fertilizer storage	,	specify below)	
3 Watertight sewer lines		8 Sewage lagoon	13 Insecticide storage			
4 Lateral lines 9 Feedyard 14 Aban 5 Cess pool 10 Livestock pens 15 Oil w				well		
Direction from well? How many feet?						
FROM TO PLUGGING MATERIALS						
	D Cana	rote				
	1 3 Soil					
	3 On Print	Mite				
) 20 PCVIII	Attic				
-						
-						
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
	Water Well Contractor's License No					
	by (signature)	the business name of	NOW 12 MARC	11177/11/1		
)	mly and print slearly. Disa	and fill in blanks, unde	orling or girolo the gorrest	
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						

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.