				WATER WELL PLUGGING F	RECORD	Form WWC-5P	KSA 82a-1212	ID NO	MW-	-8
1	LOCATION OF	WATER WELL:		Fraction	Secti	on Number	Township Nu	mber	Range	Number
· ^-				NOW NOW AND THE		20	27		ව(ري.
			n or c	city street address of well if loo	ated withi					(E) W
				WYCL8ta		•				
2	WATER WELL (OWNER: Qu	ET	the corporation	١					
	RR #, St. Address City, State, ZIP C	s, Box #: PO	BO	rk 3475 LOK 74101		Board of Agriculture Application Number	e, Division of Water F	Resources	3	
3				4 DEPTH OF WELL						
				WELL'S STATIC WAT	ER LEVEL					
				WELL WAS USED AS:						
				1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well						
	^			Was a chemical / bacteriole	onical sam	ole submitted to De	enartment? Yes	No	\ <u>\</u>	
	SE SE			Was a chemical / bacteriological sample submitted to Department? Yes						
	S			Water Well Disinfected: Y	es	No				
	1	K CASING USED								
5				7 Fibora	laaa	D. Othor (Coorif. h	alaw)			
				ought 7 Fiberg pestos-Cement 8 Concre		9 Other (Specify b	eiow) 			
		ameter2 i bove or below lan		Was casing pulled?		No	If yes, h	low much	Z891	
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
	Grout Plug Inter	vals: Fron	n	20 ft. to ft	., From	ft. to	o ft., Fro	mc	to	ft
		rest source of pos	sible		2					
	 Septic tank Sewer lines 			6 Seepage pit 7 Pit privy		11 Fuel storage 16 Other (specify below) 12 Fertilizer storage				
	3 Watertight 4 Lateral line			8 Sewage lagoon 9 Feedyard	13	Insecticide storage				
	5 Cess pool	5		10 Livestock pens		Abandoned water v Oil well/Gas well	weii			
	Direction from v	vell?		How man	y feet?					
	FROM TO		PLI	JGGING MATERIALS						
	20	1	mt	od also boutous	40					
	1 0	torce	العد	ed chip bewoning + tunf						
	1 0	1000	961	TIWIT						
				*						
7	CONTRACTOF (mo/day/year)	R'S OF LANDON	NNE	R'S CERTIFICATION: Thi						
	Water Well Contr	actor's License No))	b 50 b pusiness name of	CCurl	This Wa	ter Well Record wa	s comple	ted on (mo/c	day/year)
	by (signature)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	er the				2.6.V.N.K.K.2			
-IN	STRUCTIONS: U		_	point pen. <u>Please press fi</u>	mly and p	orint clearly. Plea	se fill in blanks, ur	nderline	or circle the	correct
an	swers. Send top t	hree copies to k	(ans	as Department of Health a	and Enviro	nment, Bureau d	of Water, Geology	Section,	, 1000 SW J	Jackson