		WATER WELL PLUGGING RE	CORD Form WWC-5P	KSA 82a-1212 ID N	0
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County	Sedowick	NE ON SE	20	770	1 am
Distance and direction from nearest town or city street address of well if located within city?					
1630 W Harry					
2	WATER WELL OWNER:	CDHE BER			,
F	RR #, St. Address, Box #: Dity, State, ZIP Code :	U2087/1773	Board of Agriculture	e, Division of Water Resource:	ies MW/
1 1	MARK WELL'S LOCATION WITH 4 DEPTH OF WELL ft.  AN "X" IN SECTION BOX:				
WELL'S STATIC WATER LEVEL ft.					
		WELL WAS USED AS:			
	NW NE	1 Domestic	5 Public Water Supply		
		2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li></ul>		
W	E	4 Industrial	8 Air Conditioning		
		Was a chemical / bacteriologi	ical sample submitted to De	partment? Yes I	No.
	if yes, mo/day/yr sample was submitted				
	S	Water Well Disinfected: Yes	NoX		
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
	Blank casing diameter in.	Was casing pulled?	YesX No	If yes, how mu	ch 16.10
	Casing height above or below land su				
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 entonite 4 Other					
What is the nearest source of possible contamination:					
	1 Septic tank	6 Seepage pit 11 Fuel storage 16 Other (spec		cify below)	
2 Sewer lines 3 Watertight sewer lines		7 Pit privy 8 Sewage lagoon	<ul><li>12 Fertilizer storage</li><li>13 Insecticide storage</li></ul>		
4 Lateral lines		9 Feedyard	14 Abandoned water v		
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well? How many feet?					
FRO	OM TO PL	UGGING MATERIALS			
	) ) (pn	Chefe			
	1 2 5011				
<del></del>	2 18 RIGH	mila			
	10 120	oraco			
			$\dashv$		
			$\dashv$		
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					
1	by (signature)	e busings name of	1 XV 1 - 1 1 5		
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.					