		WATER WELL PLUGGING RI	ECORD Form WWC-5P	KSA 82a-1212 ID N	0
1 L	OCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	* danie	NESW SE	30	77	/
	e and direction from nearest town or c	ity street address of well if loca	ated within city?		
10	250 W Hair				
2 V	NATER WELL OWNER: ADITE	BIR			1. —
	R #, St. Address, Box #: ty, State, ZIP Code : U20	8711773	Board of Agriculture Application Number	, Division of Water Resource:	ies MW5
3 N	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	<b>p. c S</b> ft.		
— А	AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL ft.			
	N N	WELL WAS USED AS:			
		1 Domestic	5 Public Water Supply	——————————————————————————————————————	na
		2 Irrigation	6 Oil Field Water Suppl	ly (10)Monitorin	ig Well
w	E	<ul><li>3 Feedlot</li><li>4 Industrial</li></ul>	7 Domestic (Lawn & Ga 8 Air Conditioning		Well
		Was a chemical / hacteriolog	rical sample submitted to De	nartment? Ves	No. X
	−SW — SE —	Was a chemical / bacteriological sample submitted to Department? Yes			
		Water Well Disinfected: Ye	s No.		
T	S				
5 T	YPE OF BLANK CASING USED:				
	Steel 3 RMP (SR) 5 Wro 2 PVC 4 ABS _ 6 Asb	ught 7 Fibergla estos-Cement 8 Concret	- <del></del>	elow)	
۳	Blank casing diameter	Was casing pulled?	<b>~</b>		ch
	Casing height above or below land sur			If yes, now muc	, i
6 G	ROUT PLUG MATERIAL: 1 Ne	at cement 2 Cement grou	ut (3 Bentonite 4 0	Other	
G	Grout Plug Intervals: From				
What is the nearest source of possible contamination:					
	<ul><li>1 Septic tank</li><li>2 Sewer lines</li></ul>	6 Seepage pit 7 Pit privy	Fuel storage 12 Fertilizer storage	16 Other (spec	city below)
	Watertight sewer lines     Lateral lines	8 Sewage lagoon 9 Feedyard	<ul><li>13 Insecticide storage</li><li>14 Abandoned water w</li></ul>	المر	
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well	eli	
Direction from well? How many feet?					
FROM TO PLUGGING MATERIALS					
- 111011	10 10	ALP			
	1 Jana	E1(			
	3 201	10			
	14 Bento	nite			
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on					
— (mo/day/year)					
	unggythe	bysi ess name of	SUN TAGEX		
	y (signature)	Sun			
INSTRU	UCTIONS: Use typewriter or ball)	point pen. <u>Please press firn</u>	nly and <u>print</u> clearly. Pleas	se 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.					