	# 067398											MW-5
WATER WELL PLUGGING RECORD Form WWC-5P 1 LOCATION OF WATER WELL: Fraction										KSA 82a-1212	ID No. 00119881	
	ON OF WAT	ER WELI		ction						Section Number	Township Number	Range Number
	Sedg			SE ½						33	27S	1E
				own or ci	ty street	t addre	ess of	f well if	floo	cated within city?		
	awnee, W			Countr	Mark	-						
	WELL OWN					ets				Deerd	of Assisulture Division	
	, ZIP Code										l of Agriculture, Divisior ation Number:	1 of water Resources
A MARK V	VELL'S LOC	ATON W										
	ECTION BO	X:		DEPT	H OF WI	ELL			22.	45 ft.		
	N		_	WELL	'S STAT	IC WA	TERL	.EVEL		18.79 ft.		
	NW	! NE		WELL	. WAS U	SED AS	S:					
	;	12 i			1 Dome	estic		5 Pi	ublia	c Water Supply	9 Dewateri	na
W				2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well								
				3 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well								
					4 Indus	striał		8 Ai	r C	onditioning	12 Other	
	sw	SE	- N	Vas a che	mical/ba	cteriolo	ogical	sample	su	bmitted to Departmen	t? Yes	No
If yes, mo/day/yr sample was submitted												
L	s		- I	Vater We	I Disinfe	cted:	Υe	es		No		
5 TYPE O	F BLANK CA	ASINGUS										
	1 22 4 4 4 67		(SR)	5 Wro	ught		7 F	ibergla	SS	9 Other (s	specify below)	
2 PVC	;	4 ABC										
Blank ca	sing diamete	er 2	in.	Was ca	ising pull	led?	Yes	L	No	If yes, how m	nuch	
Casing h	eight above	or below	land surfa	ace	2.45	i	in. Ov	verdril	lle	d to 20ft. below g	ground surface	
L						_				tonite 4 Oth		
Grout P	lug Intervals	From	22.45	ft. to	1	ft. F	rom	1	· • • •	ft. to 0	ft. From	ft. to ft.
What is	the nearest	source of	f possible	contamir	ation:							
1.50	atio tonk		6.6		.14			44 5				a law d
1 Septic tank 2 Sewer lines				Seepage p Pit privy	DIT			11 Fue		torage ter storage	16 Other (specify b	Delow)
				Sewage la	0000					cide storage		
	eral lines		eedyard	goon					oned water well			
	ss Pool		ivestock	pens					II/ Gas well			
Direction fro												
							<u>—</u>	ow man	1y 10			
FROM	то	CODE			PLU	GGING	G MAT	ERIALS	<u>S</u>			
0	1	ļ	Soil									
1	22.45		Bentor	nite								
,												
	L	L	L									
		S OR LA	NDOWN			TION:	This				my jurisdiction and was	
on (r	mo/day/yr)			10/12	/06			and th	nis I	1	best of my knowledge	
Wate	er Well Cor		License	e No.			53/1	<u> </u>			Record was complete	
		13/06	/h	under t		\sim	ante o	of ∖		/ , Geol	echnical Services	nc.
by	(signature)		(<i>V</i> .	U	por		X		Ľ	e		
INST	RUCTION	S: Pleas	e fill in b	olanks a	nd circl	e the	corre	ct ans	we	rs. Send three co	pies to Kansas Depar	tment of Health and
										opeka, Kansas 66	620-0001. Telephone	e: 785-296-3565.
Send	one to Wa	ater Well	Owner	and retain	ain one	tor yo	our re	cords.				