					WATER WELL PLUGGING RE	CORD	Form WWC-5P	KSA 82a-1	212 ID N	10. #/9	
1	LOCATION OF WATER WELL:				Fraction	Section	Number	Township	Number	Range Number	
County: Sedge. L/L					50 14 5w 14 5 E 14	4	•	7 27	5,	RI Q	w
	tance and o	direction from	nearest town		ity street address of well if loca	ted within o	city?				
			15x N								
2	WATER	R WELL OWN	IER: ET po	مرن	E. 21SL N.	leum	Cu.				
		. Address, Bo te, ZIP Code	)x #:	4	c. 2151 N.	Boa Ap	ard of Agriculture plication Numbe	e, Division of W	ater Resour	ces	
3	MARK		ATION WITH		4 DEPTH OF WELL WELL'S STATIC WATER	2///	ft.				
ſ		N		1		LEVEL	II.				
w					WELL WAS USED AS:						
	NW	1	— NE ——	E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6 Oil F 7 Don	lic Water Supply Field Water Supp nestic (Lawn & Conditioning	ply	<ul><li>9 Dewater</li><li>Monitorio</li><li>11 Injection</li><li>12 Other</li></ul>	ng Well	
	sw				Was a chemical / bacteriolog If yes, mo/day/yr sample was	ical sample s submitted	submitted to D	epartment? Ye	3	No	
Water Well Disinfected: Yes No											
5	TYPE (	OF BLANK CA	ASING USED:								
	1 Stee		, ,		ought 7 Fibergla estos-Cement 8 Concrete	ss 9 e Tile	Other (Specify b	,			
	Blank o Casing	casing diamet height above	ter6 in e or below land	n. d su	Was casing pulled?	Yes	<b>N</b> o .		yes, how mu	ıch	
6		GROUT PLUG MATERIAL: Q Neat cement 2 Cement grout 3 Bentonite 4 Other									ft
	What is	the nearest	source of poss	sible	contamination:						
<ol> <li>Septic tank</li> <li>Sewer lines</li> <li>Watertight sewer lines</li> <li>Lateral lines</li> <li>Cess pool</li> </ol>				<ul><li>6 Seepage pit</li><li>7 Pit privy</li><li>8 Sewage lagoon</li><li>9 Feedyard</li><li>10 Livestock pens</li></ul>	12 Fe 13 Ins 14 Ab	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well					
	Direction	on from well?		·····	How many	eet?		•••••			
FROM TO P			PLI	JGGING MATERIALS							
2/1/"		4'	cemens								

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of the contractor's License No. This Water Well Record was completed on (mo/day/year) by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.