		WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO				
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	er Range Number	
 County	Selawirk	NWSE, SE,	22	27		
Distand	e and direction from nearest town of	or city street address of well if loc	ated within city?			
	WATER WELL OWNER: Keh	er Bishop				
R C	R #, St. Address, Box #: 3/4 ity, State, ZIP Code : Wisc	thautaugua	Board of Agriculture Application Number	e, Division of Water Reserve	ources	
	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	DEPTH OF WELL WELL'S STATIC WATE				
		WELL WAS USED AS:				
w	NE	1 Domestic Prrigation 3 Feedlot E 4 Industrial	5 Public Water Supply6 Oil Field Water Supp7 Domestic (Lawn & G8 Air Conditioning	oly 10 Monii arden) 11 Inject	oring Well	
	SW SE SE	Was a chemical / bacteriolo If yes, mo/day/yr sample wa Water Well Disinfected: Ye	gical sample submitted to Deas submittedes	epartment? Yes	. No	
5	TYPE OF BLANK CASING USED:					
<u> </u>		Wrought 7 Fibergl	ass 9 Other (Specify b	elow)		
-		Asbestos-Cement 8 Concre	te Tile			
	Blank casing diameter in Casing height above or below and	. Was casing pulled?		If yes, how	much	
				Other		
	· ·		, Fromft. to	o ft., From	to	
,	What is the nearest source of possing 1 Septic tank	ible contamination: 6 Seepage pit	11 Fuel storage	16 Other (specify helow)	
2 Sewer lines		7 Pit privy	12 Fertilizer storage		16 Other (specify below)	
Watertight sewer lines4 Lateral lines		8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water v			
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well			
	Direction from well?	How many	feet?			
FRC	ом то	PLUGGING MATERIALS				
0	26 Ben;	tonite				
	10 Dan	William C				
	<	Spoint By Bu				
	/an	a point in Da	sanai			
7	CONTRACTOR'S OF LANDOW mo/day/year)	NER'S CERTIFICATION: This	s water well was plugged and this record is true	under my jurisdictio e to the best of my kno	n and was completed on wledge and belief. Kansas	
ì	mo/day/year)	236	This Wa	iter Well Record was c	ompleted on (mo/day/year)	
	w (signature)	The business name of	CARLU	T. K K. J. G. L. F. Jane	T. U.J.C.C. T. W.	

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.