		WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212 ID N	0
1 LOCATION O	F WATER WELL:	Fraction NWNW 5E	Section Number	Township Number	Range Number
County:	Lewes	14 NW 14 JE	34	27	I E/W
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: MY Hallo - +10					
RR #, St. Address, Box #: 1843 Board of Agriculture, Division of Water Resources City, State, ZIP Code : William K 6721 Application Number:					
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
AN "X" IN SEC		WELL'S STATIC WATER LEVEL ft.			
		WELL WAS USED AS:			
nw	NE -	1 Domestic	5 Public Water Supply		
		2 Irrigation 3 Feedlot	6 Oil Field Water Supply 10 Monitoring Well 7 Domestic (Lawn & Garden) 11 Injection Well		
W	× - ^E	4 Industrial	8 Air Conditioning 12 Other		
SW SE Was a chemical / bacteriological sample submitted to Department? Yes					
Water Well Disinfected: Yes No					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing Casing height	diameterin. t above or below land s	Was casing pulled?	Yes No	If yes, how muc	ch
6 GROUT PLUG		leat cement 2 Cement gro		Other	
Grout Plug Intervals: From					
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)					
1 Septic tank 2 Sewer lines		6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage	, .	
3 Watertight sewer lines 4 Lateral lines		8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water v		
5 Cess pool Q		10 Livestock pens	15 Oil well/Gas well		
Direction from well? How many feet? 15					
FROM T	O PI	LUGGING MATERIALS			
35 16	Son	1 + Drove			
16 4	Came	ent army t			
4 0	Jan	Soc D			
,					
7 CONTRACTO	DR'S OF LANDOWN	ERIS CERTIFICATION: This	s water well was plugged	under my jurisdiction a	nd was completed on
(mo/day/year	ntractor's License No	ne husiness name of β	and this record is true	e to the best of my knowle ter Well Record was comp	dge and belief. Kansas leted on (mo/day/year)

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.