		WATER WELL PLUGGING REC	ORD Form WWC-5P	KSA 82a-1212 ID N	10
1 LOCATI	ON OF WATER WELL:	Fraction SF SW	Section Number	Township Number	Range Number
County:	anguele	14 14 14	18	<i>2</i> 7	
Distance and direction from learest town or city street address of well if located within city?					
2 WATER	WELLOWNER: Cut	2 of when	cow-	lown	
	Address, Box #:	ma Fart Un	Board of Agriculture, Application Number:	Division of Water Resource	ces
	VELL'S LOCATION WITH	4 DEPTH OF WELL	<b>5</b> ft.		
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL					
	N	WELL WAS USED AS:			
NW -	NE NE	1 Domestic	5 Public Water Supply	9 Dewateri	ina
		2 Irrigation	6 Oil Field Water Suppl	y 10 Monitorir	ng Well
w	E	3 Feedlot 4 Industrial	7 Domestic (Lawn & Ga 8 Air Conditioning		vveii
Was a chemical / bacteriological sample submitted to Department? Yes					
SW SE If yes, mo/day/yr sample was submitted to bepartment: res					
	X	Water Well Disinfected: Yes	No <b>X</b>		
· · · · · · · · · · · · · · · · · · ·					
5 TYPE OF BLANK CASING USED:					
1 steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameter					
Casing height above or below land surface .					
6 GROUT PLUG MATERIAL: 1 New gement 2 cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft., From ft., From ft., From					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines		<ul><li>6 Seepage pit</li><li>7 Pit privy</li></ul>	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>	16 Other (spe	city below)
Watertight sewer lines 4 Lateral lines		8 Sewage lagoon 9 Feedyard	<ul><li>13 Insecticide storage</li><li>14 Abandoned water w</li></ul>	المر	
5 Cess pool Livestock pens 15 Oil well/Gas well					
Direction from well? How many feet?					
FROM TO BUILDOING MATERIALS					
FROM	TO PL	UGGING MATERIALS	<del>y  </del>		
12	4 Com	ent grant			
4	O Lop	Sol			
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on					
(mo/day/year)					
Water Well Contractor's License No					
by (sign	ature)	we Beek	-		
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.