W	ATER W	ELL PLU	GGING RECO	ORD Form	ı WWC-	5P	KSA 82a-1	212 ID NO.		
1	LOCATIO County:	N OF WATE	R WELL:	Emerion NW	1/4 S.W.	Section	mber	Township Number	Range Number E W	
	Distance and direction from nearest town or city street address of well if located within city?									
1529 n Payne										
2	WATER WELL OWNER: MO OF ORALL						Global Positioning Systems (decimal degrees, min. of 4 digits			
	RR#, St. Address, Box #: 1529 n Payne City, State ZIP Code: with Ke 67:					Latitude:				
	KK#, 51. F	Address, Box	# 1529 -	n Payne		Elevation:				
City, State ZIP Code:				Ke ca 3		Datum:				
						Data Collection Method:				
3		ELL'S LOC N "X" IN SE		DEPTH OF Y WELL'S STA				13 ft		
N										
				WELL WAS USED AS:						
	NW		TE —	1 Domestic			Water Suppl			
V	v 1		Е	2 Irrigation3 Feedlot				pply 10 Mon Garden) 11 Injec		
	W _{SW}		E	4 Industrial	•	8 Air Co	onditioning	12 Othe	r	
	Was a chemical/bacteriological sample submitted to Department? Yes									
	5 TYPE OF BLANK CASING USED: S. I Para X									
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 diameter in. Was casing pulled? Yes No If yes, how much 5 Casing height above or below land surface in.										
6 GROUT PLUG MATERIAL: 1 Neat cement										
	2 Sewer lines 7 Pit privy 12 Fertilizer storage									
	3 Waterti4 Lateral	ght sewer lin	_		nsecticide : bandoned		l Dimentia	n from well?	est	
	5 Cess po		9 Feedyard 10 Livestock		il well/Gas			ny feet?		
	To an india due in an india india india india									
	FROM	TO		MATERIALS	F	ROM	TO	PLUGGING MA	TERIALS	
	25	0	Camen	7 grou						
T. CONTEN ACTION OF A AND ON A THOUGHT OF THE TOTAL OF TH										
7 CONTRACTOR'S OR 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										
bus	siness name	of B_{oar}	D. P.	- this water		y (signatu		B.	dinder the	
INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at http://www.kdheks.gov/geo/waterwells.