WATER WELL PLUGGING RE	CORD Form WWC	-5P KSA 82a-121	12 ID NO.		
1 LOCATION OF WATER WELL! County:	Fraction S W 1/4 NE 1/4	Section Number	Township Number	Range Number EW	
Distance and direction from nearest town or city street address of well if located within city?					
1808 s. Loura					
RR#, St. Address, Box #: 1808 - Loure		Global Positioning Systems (decimal degrees, min. of 4 digits Latitude:			
City, State ZIP Code: W. City		Longitude:Elevation:			
		Datum: Data Collection Method:			
3 MARK WELL'S LOCATION 4 DEPTH OF WELL					
WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ft					
N	WELL WAS USED AS:				
NW NE	1 Domestic 5 Public Water Supply 9 Dewatering				
W E		6 Oil Field Water Supply 10 Monitoring			
SW SE	3 Feedlot 4 Industrial	Domestic (Lawn & Garden) 8 Air Conditioning 11 Injection Well 12 Other			
Was a chemical/bacteriological sample submitted to Department? YesNo					
5 TYPE OF BLANK CASING USED:					
1 Steel 3RMP (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 Casing height above or below land surface in.					
6 GROUT PLUG MATERIAL: 1 Neat cement					
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below)					
2 Sewer lines 7 Pit privy 12 Fertilizer storage					
Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?					
5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?					
	NG MATERIALS	FROM TO	PLUGGING MA	TERIALS	
35 8 sent	4 gravel		*****		
8 0 amen	1 gour				
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. 472 This Water Well Record was completed on (mo/day/year) under the business name of Barrolon Pumps well by (signature) we Back					
INSTRUCTIONS: Use typewriter or ball	point pen. Please press firml	y and print clearly. Plea	se fill in blanks. under	rline or circle the	
correct answers. Send top three copies to k	Kansas Department of Health	and Environment, Burea	u 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.					