| | - | L PLUGGING RECORD SE SW SW | Form WWC-5P | KSA 82a-1212 | |
|--|-------------|--------------------------------|---|---|------------------|
| 1 LOCATION OF WATER WE | | raction | Section Number | Township Number | Range Number |
| County: Sedawi | 1KS | E.S. S. I. S. E. I. | 7 12 | 275 | TED |
| Distance and direction | from neares | | t address of well i | f located within city? | 1E |
| 2 WATER WELL OWNER: 1 PIDIS (D) THEREIN | | | | | |
| RR#, St. Address, Box #: PO COX 47 Board of Agriculture, Division of Water Resources | | | | | |
| City, State, ZIP Code DETDY, KS 61037 Application Number: | | | | | |
| AN "X" IN SECTION BOX: | | | | | |
| N WELL'S STATIC WATER LEVEL. I | | | | | |
| | | WELL WAS USED AS: | | | |
| N WN | ι΄E | 1 Domestic 2 Irrigation | 5 Public Water Su | pply 9 Dewatering Supply 10 Monitoring | |
| W E 4 Industrial 8 Arr Conditioning 12 Other | | | | | |
| | | | | . | \sim |
| SWSE Was a chemical/bacteriological sample submitted to Department? YesNoX | | | | | |
| Water Well Disinfected: Yes. X. No | | | | | |
| S | | | ted: Tes | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| 1 Speel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 VC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | |
| Blank casing diameter | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement (2 Coment grout 3 Bentonite 4 Other | | | | | |
| Grout Plug Intervals: Fromft. toft., Fromft. toft., From | | | | | |
| What is the nearest source of possible contamination: | | | | | |
| 1 Septic tank | | | 11 Fuel storage | (16) other (spe | offy below) |
| 2 Sewer lines 3 Watertight sewer | lines 8 | | 12 Fertilizer store 13 Insecticide store | rage | nside |
| 4 Lateral lines 5 Cess Pool | | 9 Feedyard 9 Livestock pens | 14 Abandoned water 15 Oil well/Gas we | MCCC | |
| Direction from well? How many feet? | | | | | |
| FROM TO | PLUGG | ING MATERIALS | Δ | | |
| 40 15 A | | ET OTANY | עי | | |
| | | or grow | 2 | | |
| 1500 | 10mo | nt | | ۰. | |
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| | | VIIFICATION This water | | under my jurisdiction a | nd was completed |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 9 on (mo/day/year). 9 Water Well Contractor's License No. 9 Water Well Contractor's License No. | | | | | |
| | | | | | |
| 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 Kanders Department of Health and Environment, | | | | | |
| Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records. | | | | | |