		WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212 ID I	NO	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Cou	nty: SED6 WICK	SE4 SE4 SE4	9	27-5	2 0 W	
Dist	nty: SEO 6 WICK ance and direction from nearest town or	city street address of well if loc	cated within city?			
<u></u>	NW CORNE	ot 13th 1	6515murch	Wich to K	,	
2	WATER WELL OWNER: ハベソナ	hior HrrCraft	-			
	RR #, St. Address, Box #: 970°City, State, ZIP Code : W/C	he CENTRAL	Board of Agricultur Application Numbe	e, Division of Water Resour r:	rces	
3	MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
	N N	WELL'S STATIC WATE	WELL'S STATIC WATER LEVEL S ft.			
		WELL WAS USED AS:	:			
	NWNE	Domestic	5 Public Water Supply	9 Dewater	ring	
		2 Irrigation	6 Oil Field Water Sup			
W 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 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:						
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameterin. Was casing pulled? Yes No						
6		Neat cement	out 3 Bentonite 4	Other		
Grout Plug Intervals: From						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 2 Sewer lines 7 Pit privy		11 Fuel storage	16 Other (spe	•		
3 Watertight sewer lines		Sewage lagoon	7 Pit privy 12 Fertilizer storage		•••••	
4 Lateral lines		9 Feedyard 14 Abandoned water well				
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well			
Direction from well?						
FROM TO PLUGGING MATERIALS						
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
(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 business name of Designature) by (signature)						
by (signature)						
INIC						
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.						