WATER WELL PLUGGING RECORD Form WWC-5P KSA 82s-1212 ID NO.							
1					Number	Range No	ımber
	County: Butter	Fraction 5145E45E4	32		7	3	Œw
	Distance and direction from nearest town	or city street address of w	ell if located within				
2	WATER WELL OWNER:	Global Positioning Systems (decimal degrees, min. of 4 digits Latitude:					
	RR#, St. Address, Box #: 1500 5W 120 14 14		Longitude: Elevation:				
	City, State ZIP Code: and ove	ViK-	Datum: Data Collection Method:				
3	MARK WELL'S LOCATION 4	ft.					
•	WITH AN "X" IN SECTION						
BOX: WELL'S STATIC WATER LEVEL							
	WELL WAS USED AS:						
	NW NE 1 Domestic 5 Public Water Supply 9 Dewatering						
		1 Domestic	5 Public Water St		10 Monit		-
W	,	2 Irrigation	6 Oil Field Water 7 Domestic (Law				
"		3 Feedlot 4 Industrial	8 Air Conditionii				
	SW SE 4 Industrial 8 Air Conditioning 12 Other						
	Was a chemical/bacteriological sample submitted to Department? YesNo						
5	TYPE OF BLANK CASING USED:				<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	Blank casing diameter in. Was	casing pulled? Yes	No 1	if ves, how mucl	h 24	OUT	
	Casing height above or below land surface	e 2 Lant		_ ,,	70		
Casing height above or below land surface							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From to 24 ft., From ft. to ft., From to ft.							
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							
3 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?							
	LEBONAL TO LEGISLATION OF THE PROPERTY OF THE	13/4/2007/17/2	mov. 1 —		ODIO 344	TERTATO	
	FROM TO PLUGGING	MATERIALS	FROM TO	PLUG	GING MA	IEKIALS	
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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. Kapsas Water							
completed on (mo/day/year) 8-8-14 and this record is true to the best of my knowledge and belief. Kapsas Water Well Contractor's License No. 611 This Water Well Record was completed on (mo/day/year) 8-12-14 under the							
business name of  by (signature)  by (signature)							
OUDIECOS HAIRE OI							
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the							
COL	rect answers. Send ton three conies to Kan	sas Denartment of Health	and Environment,	Bureau of Wate	г, Сеоюду	Section, 10	MC 7M
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.							