	WATER WELL PLUGGING REC	ORD Form WWC-5P	KSA 82a-1212 ID N	O	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: 1 Jeosho	SENE SU	13	29	20 m	
Distance and direction from nearest town or city street address of well if located within city?					
NE Corner	of 5th	Central	<i>,</i>	· · · · · · · · · · · · · · · · · · ·	
2 WATER WELL OWNER	ofs service				
RR #, St. Address, Box #: City, State, ZIP Code : ST	aulks	Board of Agriculture Application Number	, Division of Water Resourd :	ces MW6	
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	<b>L</b> ft.		•	
AN "X" IN SECTION BOX:	WELL'S STATIC WATER L	EVEL ft.			
	WELL WAS USED AS:				
NW NE	1 Domestic	5 Public Water Supply	9 Dewateri		
	2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Suppl</li><li>7 Domestic (Lawn &amp; Ga</li></ul>		ıg Well Well	
W E	4 Industrial	8 Air Conditioning			
SW SE	SW SE SE Was a chemical / bacteriological sample submitted to Department? Yes				
	If yes, mo/day/yr sample was submitted				
S	Water Well Disinfected: Yes	No [X			
5 TYPE OF BLANK CASING USED:	.1				
	rought 7 Fiberglass	9 Other (Specify be	elow)		
	bestos-Cement 8 Concrete	_		2/	
Blank casing diameter in. Casing height above or below land so	Was casing pulled?	Yes	If yes, how much	ch	
	leat cement 2 Cement grout	3 entonite 4 C	Other		
Grout Plug Intervals: From			ft., From		
What is the nearest source of possible	e contamination:				
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (spec	cify below)	
Watertight sewer lines     Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water w			
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	ren		
Direction from well?	How many fee	et?			
FROM TO PL	.UGGING MATERIALS				
6) 2 Cil					
0 5 01		_			
7 2 2	· 1 -				
JO DO TOPATO	mut?				
		_			
	<del></del>				
7 CONTRACTOR'S OF LANDOWNI (mo/day/year)			under my jurisdiction as to the best of my knowle		
Water Well-Contractor's License No	(V)11		er Well Redord was comp	leted on (mo/day/year)	
by (signature)	e business plame of		Z y INZ:		
INSTRUCTIONS: Use typewriter or ball		and <u>print</u> clearly. Pleas	se fill in blanks, underling	e or circle the correct	
answers. Send top three copies to Kans	sas Department of Health and	Environment, Bureau o	of Water, Geology Section	n, 1000 SW Jackson	