,	WATER WE	ELL PLUGGING RECORD	Form WWC-5P	KSA 82a-1212 Well	#3
1 LOCATION OF WATER WEL		Fraction	Section Number	Township Number	Range Number
county: Crawford		1/4NE1/4NE1/4	4	295	25 E
Distance and direction f	from near	est town or city stree Lest of Crowb	address of well if	located within city?	
2 WATER WELL OWNER:					
RR#, St. Address, Box #: City, State, ZIP Code :	Box	769 ma, Ks	Board of Agric Application No		Water Resources
AN INFO TALE PROTECTION WITH 4 DEPIH OF WELL					
N WELL'S STATIC WATER LEVELft.					
	`	WELL WAS USED AS:			
	E	1 Domestic	5 Public Water Sup	ply 9 Dewaterin	ig
				Supply 10 Monitorin	Well
W	Ε	4 Industrial	8 Air Conditioning	12 Other	
s w s	E		eriological sample su ample was submitted.	ubmitted to Departmen	it? YesNo
s		Water Well Disinfec	ted: Yes No.&	,	
5 TYPE OF BLANK CASING	USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameter	or below	/ in. Was casing land surface	oulled? Yes I	No χ If yes, how	much
<u> </u>		cement 2 Cement grou		4 Other	
Grout Plug Intervals:		45.ft. to3.ft			
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight sewer 4 Lateral lines 5 Cess Pool	(6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water s 15 Oil well/Gas wel	well	ecify below)
Direction from well? North					
FROM TO		GGING MATERIALS			
45 3 N	log t	Cement			
	eu i	LEMENT			
					
		<u> </u>	 		
on (mo/day/year) Water Well Contractor by (signature)	7.7.7.3 r's Licen	ERIIFICATION: This wate	rd is true to the be This Water Well e of	st of my knowledge ar Record was completed	nd belief. Kansas d on (mo/day/year)
INSTRUCTIONS: Use types underline or circle the Bureau of Water, Topeka one for your records.	correct	answers. Send top thr	ee copies to Kansas	Department of Health	and Environment,