WATE	R WELL PLUGGING RECORD	Form WWC-5P	(SA 82a-1212	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: NEMAHA	1/4NE1/4 MW/4	20	T-Z-5	R-12-E
Distance and direction from nearest town or city street address of well if located within city?				
2 WATER WELL OWNER: Dennis Stall ban Mer				
RR#, St. Address, Box #: RR# / Box 9/ City, State, ZIP Code : Senera Ks 66538 Board of Agriculture, Division of Water Resources Application Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL				
WELL WAS USED AS:				
N W E	Domestic Feedlot 4 Industrial	5 Public Water Sup 6 Oil Field Water : 7 Lawn and Garden : 8 Air Conditioning	Supply 10 Monitorin Only 11 Injection	g Well Well
Was a chemical/bacteriological sample submitted to Department? YesNo Was a chemical/bacteriological sample submitted to Department? YesNo Water Well Disinfected: YesNo				
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				
Grout Plug Intervals: Fromft. to				
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 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? 10 Livestock pens 16 Other (specify below) 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage 17 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) 17 Fertilizer storage 18 Other (specify below) 18 Fertilizer storage 19 Fertilizer storage 10 Other (specify below) 10 Fertilizer storage 10 Other (specify below) 11 Fuel storage 10 Other (specify below) 12 Fertilizer storage 10 Other (specify below)				
FROM TO	PLUGGING MATERIALS			
6 0 To	sail.			
	tonite Plug			
42 9 Sub				
50 42 SAC	1			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				
underline or circle the correct answers. Send top three copies to Kansas 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.				