	WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO				
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Brown	NW 45 W 4 WW 74	18	2	16 E/W	
Distance and direction from nearest town or c	ity street address of well if locate	d within city?			
2 WATER WELL OWNER: Grim	m Forms Inc.				
RR #, St. Address, Box #: 2774 Dewberry R3, City, State, ZIP Code: Merrill, K5, L6515 Board of Agriculture, Division of Water Resources Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	. 1			
N N	WELL WAS USED AS:				
W X E	Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other			
SW SE SE Was a chemical / bacteriological sample submitted to Department? Yes					
Water Well Disinfected: YesX No					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) Hand dug					
Blank casing diameterin. Casing height above or below land sur	Was casing pulled?	Yes No	_	ich	
	eat cement 2 Cement grout	3 Bentonite 4 O	ther		
Grout Plug Intervals: From	ft. to ft.,	From 510 ft. to	4.5 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 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage			
4 Lateral lines 9 Feedyard 5 Cess pool 10 Livestock pens		14 Abandoned water w 15 Oil well/Gas well	rell		
Direction from well?		et?			
FROM TO PLU	JGGING MATERIALS				
	ed Sond				
5.0 4.5 bentoni					
4,5 0.0 Top St	11				
CONTRACTOR'S OF 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. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of the property of t					

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.