	WATER WE	ELL PLUGGING RECORD	Form WWC-5P	(SA 82a-1212	
1 LOCATION OF WATER		Fraction SE	Section Number	Township Number	Range Number
County: //ars/	(1)	E 1/4NE1/101/4	33	2	8
Distance and direction	town	est town or city stree	t address of well if Miles North		
2 WATER WELL OWNER:	Franci	Kroeger			
RR#, St. Address, Box City, State, ZIP Code	、#: /a,ぢ/	16th Hoad	Board of Agric Application N	culture, Division of umber:	Water Resources
3 MARK WELL'S LOCAT		4 DEPTH OF WELL	29	ft. //	
— AN "X" IN SECTION N	BOX:	WELL'S STATIC WAT	er level	ft. 10 H2	$\mathcal{O}$
		WELL WAS USED AS:	_		
			F = 1.12		
N W	—N E	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water	ply 9 Dewaterin Supply 10 Monitorin	
i		3 Feedlot	7 Lawn and Garden 8 Air Conditioning		
W	E	4 Industrial	8 Air Londitioning	12 Other	
s w	_S E <b>X</b>	Was a chemical/hact	eriological sample s	ubmitted to Departmen	at2 Yes No
3,			ample was submitted.		t: resnux
		Water Well Disinfed	ted: Yes No		
S					
5 TYPE OF BLANK CAS	ING USED:				
 1 Steel 3 RMP (\$	SR) 5 Wrou	ght 7 Fiber	alace Onther	Quecify helps	
2 PVC 4 ABS	6 Aspe		ete Tile	epecify below)	K - Hand au
Blank casing diame	eter. 4	) in. Was casing	pulled? Yes	No If yes, how	much
Casing height above	ve or below	land surface		north in year, non	
6 GROUT PLUG MATERIA	AL: 1 Neat	cement 2 Cement gro	ut 3 Bentonite	4 Other	
 Grout Plug Interva	nla. Enom	5. ft. to.4.2st			
				J FI OIII	
What is the neares	st source of	possible contaminatio	n:		
1 Septic tank			11 Fuel storage		ecify below)
2 Sewer lines 3 Watertight sev		7 Pit privy 8 Sewage lagoon	12 Fertilizer stora		• • • • • • • • • • • • • • • • • • • •
4 Lateral lines		9 Feedyard	14 Abandoned water	well	
5 Cess Pool		10 Livestock pens	15 Oil well/Gas wel	16. 20	`
Direction from wel	LL?		How many feet? Le	as than 20	,
FROM TO		GGING MATERIALS			
20 39	Chlaric	1101			
20 29	UNIOTIC	greg gang			
20 5	Claye	14D50/			
5, 1/2	Porten	to -Plugginal	Wode,		
2/2 0	1000	(1) (3) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ACC		
	10JSC	)//			
7 CONTRACTOR/S OF LA	ANDOUNEDIS C	ERTIFICATION:This wate		nden my iuniadiation	and use sempless
— on (mo/day/year)	d.d.1.	.X.D and this reco	rd is true to the be	st of my knowledge ar	nd belief. Kansas
Water Well Control	ctor's Licen	se No	This Water Well	Record was completed	on (mo/day/year)
by (signature)	Marke	dider the tostness han	· · · · · · · · · · · · · · · · · · ·		
INSTRUCTIONS: Use to	vpewriter or	ball point pen. Plea	se press firmly and	print clearly Pleas	e fill in blanks
underline or circle	the correct	answers. Send top thr	ee copies to Kansas	Department of Health	and Environment,
Bureau of Water, Tope	eka, Kansas	66620-0001. Telephon	e: 913/296-3565. S	end one to Water Well	. Owner and retail

one for your records.