					WATER WELL PLUGGING F	RECORD	Form WWC-5P	KSA 82a-1	212 ID N	o. Mw	-3
1	LOCATION OF WATER WELL:				Fraction		on Number	Township Number		Range N	Number
Col	county: Cowley				NW4 5W 14 NW4		19	34	24	04	a w
	tance and	direction from			ity street address of well if loo		n city?				
					ist, Arkansas (City					
2	WATER	R WELL OW	NER: MA.	9	artes Johnson						
	RR #, St Citv. Sta	t. Address, B te, ZIP Code	ox #: 5647	7 <i>1</i> 222	miks 66202		Board of Agriculture Application Number		later Resourc	ces	
3	MARK WELL'S LOCATION WITH			, , ,	4 DEPTH OF WELL 6.80 ft.						
	AN "X" IN SECTION BOX:				WELL'S STATIC WATER LEVEL						
[N				WELL WAS USED AS:						
	 	,	\ \ !				shiin Matau Coanle		O. Dannatari		
	● NW		NE		1 Domestic 2 Irrigation	6 O	ublic Water Supply il Field Water Supp	oly	9 Dewateri Monitorin	ng Well	
w		-	_	E	3 Feedlot 4 Industrial		omestic (Lawn & G r Conditioning	arden)	11 Injection 12 Other	Well 	
					Was a chemical / hacteriolo	ogical cam	ale submitted to De	anartment? Ver		v. 😾	
	SW — SE —				Was a chemical / bacteriological sample submitted to Department? Yes						
		S			Water Well Disinfected: Ye	es	NoX				
1	TVDE		ACINO LICED								
5			ASING USED:								
	1 Stee 2 PVC				estos-Cement 7 Fibergl 8 Concre		9 Other (Specify b	,			
	Blank	casing diame	ter2 ir	n.	Was casing pulled?		× No	If	yes, how mud	ch 16,86	ງ′
					face						
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Sentonite 4 Other										
What is the nearest source of possible contamination:											
1 Septic tank					6 Seepage pit		Fuel storage 16 Other (specify below)				
		wer lines atertight sewer lines			7 Pit privy8 Sewage lagoon		12 Fertilizer storage				
4 Lateral lines 5 Cess pool				9 Feedyard 10 Livestock pens	14	14 Abandoned water well 15 Oil well/Gas well					
		on from well?	, 5/5	E			So'				
	Directiv	on nom wen	· ····································		How many	· ieet?		•••••			
F	ROM	ТО			JGGING MATERIALS						
	20		chip b	y.	bonite, hydrated patch						
	1	0	Aspha	1	pateh						
	İ										
7	(mo/da) Water W	y/year) /ell Contracto	or's License No.	95		and	this record is true	e to the best o	f my knowle	dge and belief.	Kansas
by (signature)					e business name of						
INS	STRUCTION	ONS: Use t	ypewriter or b	ball	point pen. <u>Please</u> press fire	mly and r	rint clearly. Plea	se fill in blan	ks, underline	e or circle the	correct
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.											
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