W	WATER WELL PLUGGING RECORD Form WWC-5P KSA 82			
1	1 LOCATION OF WATER WELL: Fraction County: W1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4	Township Number T 3 S	Range Number B W	
Street/Rural Address of Well Location; if unknown, distance & Global Positioning Systems (GPS) information:				
	direction from nearest town or intersection: If at owner's address, check here 5141447 de Elevation:	F.A	(in decimal degrees)(in decimal degrees)	
	Sencea 16 66538 Datum: WG Collection Method:	S84,		
2	WATER WELL OWNER: RR#, St. Address, Box #: 544 144			
	72			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 6 ft.			
	N WELL WAS USED AS:			
		. 🗆 -		
	W Feedlot Domestic (Lawn & Garden) Injection Well			
W				
SW SE Industrial Air Conditioning Other				
	Was a chemical/bacteriological sample submitted to Department? Yes No			
5 TYPE OF BLANK CASING USED:				
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile			
Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in.				
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other				
Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.				
What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Other (specify below)				
Septic tank Seepage pit Sewer lines Seepage pit Pit privy Fuel Storage Other (specify below) Fertilizer storage				
Watertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feedyard Abandoned water well Direction from well?				
Lateral lines				
	FROM TO PLUGGING MATERIALS FROM TO	PLUGGING I	MATERIALS	
	53 6 Subsoil			
	le 3 bentoute plus			
	3 ground topson			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was				
completed on (mo/day/year) 01011 and this record is true to the best of my knowledge and belief. Knows Woter				
Well Contractor's License No. This Water Well Record was completed on (mo/day/year) business name of This Water Well Record was completed on (mo/day/year) by (signature)				
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print 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				
Jack	Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to	oureau of Water, Geolo O Water Well Owner an	gy Section, 1000 SW	
records. Visit us at http://www.kdheks.gov/waterwell/index.html.				
Check one: White Copy Blue Copy Pink Copy				