Form WWC-5P

KSA 82a-1212

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|--|-------------------|--|----------------|-----------------|--------------|--|
| 1 LOCATION OF WATER WELL: | Fraction | $\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}^{\prime\prime}$ | Section Number | Township Number | Range Number | |
| county: Washington | 1/4 1 | 14//24 | 36 | | 4 E | |
| Distance and direction from nearest town or dity street address of well if located within city? | | | | | | |
| Greenleat 15 5 miles SW | | | | | | |
| WATER WELL OWNER: Foul Hansen Board of Agriculture Division of Mater Resources Roard of Agriculture Division of Mater Resources | | | | | | |
| RR#, St. Address, Box #: Board of Agriculture, Division of Water Resources City, State, ZIP Code: Greenlest, H5 66943 Application Number: | | | | | | |
| 1 | | | | | | |
| AN "X" IN SECTION BOX: NELL'S STATIC WATER LEVEL | | | | | | |
| | WELL WAS USED AS: | | | | | |
| N W N E 1 Domestic 5 Public Water Supply 9 Dewatering | | | | | | |
| | | | | | | |
| | | | • | | | |
| S W S E Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted | | | | | | |
| | | | | | | |
| Water Well Disinfected: Yes No | | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | | |
| 1 SteeD 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | | |
| / 2/ | | | | | | |
| Blank casing diameter | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other | | | | | | |
| Grout Plug Intervals: From. 3ft. to | | | | | | |
| What is the nearest source of possible contamination: | | | | | | |
| | | | | | | |
| 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 15 Oil well/Gas well | | | | | | |
| Direction from well? | | | | | | |
| FROM TO PLUGGING MATERIALS | | | | | | |
| 2526 Gloribated Sand | | | | | | |
| 20 6 Cay Spil , al | | | | | | |
| 6' 3' Bartonited (104) | | | | | | |
| 2'01 1000 | | | | | | |
| 10px |)[[| | | | | |
| | | - | | | | |
| | | | | | | |
| 7 CONTRACTOR/S OR LANDONICE SERVICE SERVICE AND A SERVICE SERV | | | | | | |
| on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas | | | | | | |
| Water Well Contractor's License No | | | | | | |
| by (signature) | | | Coordinator | | | |
| INSTRUCTIONS: Use topewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records. | | | | | | |