Form WWC-5P

KSA 82a-1212

						
1 LOCATION O	F WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Ne	maha	NW 1/4 SW1/4 NW 1/4	27	4	128	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: LOVEN SUPLICIENTE						
10.00						
RR#, St. Address, Box #: KKI BOXIOU Board of Agriculture, Division of Water Resources City, State, ZIP Code: Scheck KS 66538 Application Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.						
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVELft.						
WELL WAS USED AS:						
	N E	1 Domestic	1 Domestic 5 Public Water Supply 9 Dewatering			
		2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other				
u	27	E 4 Industrial	8 Air Conditioning	12 Other	• • • • • • • • • • • • • • • • • • • •	
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo.X.						
If yes, mo/day/yr sample was submitted						
Water Well Disinfected: Yes. X. No						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass (9) Other (specify below) Cluy 11 C						
Blank casing diameter X in. Was casing pulled? Yes No X If yes, how muchin.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From. 65ft. to. 3.ft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						
2 Sewer lines 7 Pit privy 12 Fertilizer storage						
4 Lateral lines 9 Feedyard (4) Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? Soluth						
FROM TO PLUGGING MATERIALS						
2			_			
	1 2	30hlorine				
4.5	3 Bento	Inito				
3 () 10030)IL				
<u> </u>						
CONTRACTOR'S OR 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						
by (signature) oren oren order						
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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.						