| | | | VV | ATER WELL PLUGGING RE | CORD Form WWC | -5P KSA 82a- | 1212 ID N | O | |
|--|------------------------------|-------------|--------|---|--|----------------------------|--------------------------|---|------------------------|
| 1 LOCATION | N OF WATER V | WELL: | | raction | Section Number | Township | Number | Range | Number |
| County: Jackson | | | | E4 NE 4 SE 4 | 16 | 45 | | 15E | E/W |
| | | rest town | | street address of well if loca | ted within city? | | | | |
| l á | 2719 6 | 16679 | . P | & HOLTON K | s u | VIH ID | : mw | 720 | |
| T | | | | Corps of Eng | | | . , , , , , , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| RR #, St. Ad City, State, | ddress, Box #: ZIP Code : | | · | • | Application Nur | Iture, Division of Number: | Water Resource | ces | |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | 4 | DEPTH OF WELL WELL'S STATIC WATER | 27 ft | | | | |
| | N | | | WELL WAS USED AS: | , LL V LL | | | | |
| NW — | | E | | 1 Domestic | 5 Public Water Su | nnly | 9 Dewateri | na | |
| l l | | | | 2 Irrigation | 6 Oil Field Water S | Supply | Monitorir | | |
| w | | | E | 3 Feedlot | 7 Domestic (Lawn | | 11 Injection | Well | |
| | | | - | 4 Industrial | 8 Air Conditioning | | 12 Other | | |
| sw | s | E X | | Vas a chemical / bacteriolog f yes, mo/day/yr sample was | | | es I | No | |
| | S | | \ | Nater Well Disinfected: Yes | s No | | | | |
| | | | | | | | | | |
| 5 TYPE OF | BLANK CASIN | G USED: | | | | | | | |
| 1 Steel | 3 RMP (S 4 ABS | | Wroug | • | · · | • | | | |
| Blank casi | ing diameter | 2 in | | tos-Cement 8 Concrete Was casing pulled? | Yes | No | | _ | |
| Casing he | eight above o | belowland | surfac | ie i | n. | | | | |
| 6 | LUG MATERIA | | | cement 2 Cement grou | • | 4 Other | | | |
| Grout Plug | | | | ? ft. to O ft., | Fromft. | to ft | ., From | to | ft |
| What is the | e nearest sour | ce of possi | ble co | ntamination: | | | | | |
| Septic tank Sewer lines | | | | 6 Seepage pit 7 Pit privy | 11 Fuel storage | | 16 Other (specify below) | | |
| 3 Watertight sewer lines | | | | 8 Sewage lagoon | 12 Fertilizer storag13 Insecticide storag | • | | ••••• | •••• |
| 4 Lateral lines | | | | 9 Feedyard | | 14 Abandoned water well | | | |
| 5 Cess pool | | | | 10 Livestock pens | 15 Oil well/Gas w | ell | | | |
| Direction | from well? | | ••••• | How many | feet? | | | | |
| | | | | GING MATERIALS | | | | | |
| 27' | 0' 3 | entor | iře | Sturry pump | ed bottom | <i>,</i> ₄ | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 7 CONTRAC | CTOR'S OF | ANDOW | NER' | S CERTIFICATION: This | water well was plug | ged under my j | urisdiction a | nd was comp | leted on |
| Water Well | Contractor's Li | cense No. | | 709 | and this record is | Water Well Rec | ord was comp | oleted on (mo/o | . Kalisas day/year) |
| CONTRACTOR'S OF 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. This Water Well Record was completed on (mo/day/year) under the business name of Plans Fire on mental Services by (signature) | | | | | | | | | |
| | | | | | | | | | _ |
| INSTRUCTION | IS: Use typev | vriter or b | all po | int pen. Please press firm | nly and <u>print</u> clearly. F | Please fill in blar | nks, underlin | e or circle the | correct |
| | | | | Department of Health and Telephone: 785/296-552 | | | | | |