		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	0	
1 LOCATION OF WATER WE	ELL:	Fraction	Section Number	Township Number	Range Number	
county: Atchison		SE NW NE		6	20 (E)W	
Distance and direction from neare		-	ated within city?			
1029 Main St						
2 WATER WELL OWNER: 3			_	$\mathcal{M}$	$\omega$ $ $	
RR #, St. Address, Box #: City, State, ZIP Code :	4141	N. 6thSt. 7202	Board of Agriculture Application Number	e, Division of Water Resourd r:	es	
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL ft.  WELL'S STATIC WATER LEVEL ft.				
N N		WELL WAS USED AS:				
NW		1 Domestic	5 Public Water Supply	9 Dewaterii	na · · · ·	
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp	oly <b>@</b> ionitorin	ng Well	
w	E	4 Industrial	<ul><li>7 Domestic (Lawn &amp; G</li><li>8 Air Conditioning</li></ul>			
214		Was a chemical / bacteriolo	gical sample submitted to De	epartment? Yes 1	<b>√ ×</b>	
SE SE If yes, mo/day/yr sample was submitted						
S		Water Well Disinfected: Ye	esNoX			
TVDE OF BLANK CACINO	USED:					
1 Steel 3 RMP (SR)		ought 7 Fibergla	ass 9 Other (Specify be	alow)		
PVC 4 ABS		pestos-Cement 8 Concre				
Blank casing diameter		Was casing pulled?		X If yes, how muc	ch	
6 GROUT PLUG MATERIAL:		eat cement 2 Cement gro		Other		
Grout Plug Intervals:			, Fromft. to	o ft., From	to ft	
What is the nearest source	of possible			40.00		
<ul><li>1 Septic tank</li><li>2 Sewer lines</li></ul>				city below)		
Watertight sewer lines     Lateral lines		<ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>	<ul><li>13 Insecticide storage</li><li>14 Abandoned water v</li></ul>			
5 Cess pool		10 Livestock pens	15 Oil well/Gas well			
Direction from well?		How many	feet?			
FROM TO PL		JGGING MATERIALS				
0 1	$\mathcal{D}$	rete.				
	- , , _	mite				
20 P	enti	Mite				
		V 1 )				
	, <u> </u>					
7 CONTRACTOR'S OF (mo/day/year)	NDOWNE	R'S CERTIFICATION: This	water well was plugged and this record is true	under my jurisdiction at	nd was completed on	
Water Well Contractor's Lice		busings name of	sent Associ	ter Well Record was comp	leted on (mo/day/year)	
by (signature)		July 1 Marie of		atcs, Inc		
INSTRUCTIONS: Use typewrit	ter or ball	point pen. Please press firr	nly and print clearly. Plea	se fill in blanks, underline	e or circle the correct	
answers. Send top three copie St., Ste. 420, Topeka, Kansas	es to Kans	as Department of Health ar	nd Environment, Bureau o	of Water, Geology Section	n, 1000 SW Jackson	
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