	WATER WELL PLUGGING RECOR	D Form WWC-5P KSA	82a-1212 ID	NO	
1 LOCATION OF WATER WELL:	Fraction 5W	Section Number	Township N	umber Range	Number
County: JEFFER SON	1/4 1/4 1/4	29		7	19
Distance and direction from nearest town of	or city street address of well if loca			*	
WELL LOCATED in Co			ST AND	0549c Rd.	
2 WATER WELLOWNER: CHY O	F NORTONULLE KS	913 886 2060			
RR #. St. Address. Box #: PO Bo	x 177 UV:11c KS 66060	Board of Agriculture, Application Number:		Resources PWS RZSO	0
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	105 ft			
AN "X" IN SECTION BOX:	WELL'S STATIC WATER L	EVEL ft.			
	WELL WAS USED AS:				
N W N E	1 Domestic	Dublic Water Supp	ly 9	Dewatering	
	2 Irrigation	6 Oil Field Water Sup	pply 10	Monitoring Well	
W E	3 Feedlot 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning		Other	
S W S E	Was a chemical / bacterio	logical sample submitted	d to Department	:?Yes No	. .X
	If yes, mo/day/yr sample	was submitted	•••••		
X	Water Well Disinfected: Ye	es .X No			
5 TYPE OF BLANK CASING USED:					
	Vrought 7 Fibergla	ss 9 Other (Specify	helow)		
2 PVC 4 ABS 6 A	Asbestos-Cement 8 Concrete		·······		
Blank casing diameterin. Casing height above or below land	. Was casing pulled?	Yes No	If yes	, how much	
	leat cement 2 Cement grout)ther		
	ft. to ft.,	_			ft.
What is the nearest source of pos	sible contamination:				
Septic tank	6 Seepage pit	Fuel storage		other (specify below))
②Sewer lines 3 Watertight sewer lines	7 Pit privy8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage			
4 Lateral lines	(9) Feedvard	14 Abandoned water	er well		
5 Cess Pool Direction from well? . South.	10 Livestock pens	15 Oil well/Gas well	1		
Direction from well?	How many f	eet?	•••••		
	JGGING MATERIALS				
105' 1' SAND					
1' BEASING BENTONI	ite 2' ABOVE casing				
	oiL				
7 CONTRACTOR'S OR LANDOWN	IEB'S CERTIFICATION: This	water well was plugge	ed under my jur	isdiction and was	completed
7 CONTRACTOR'S OR LANDOWN on (mo/day/year)	05	and this record is true	to the best of my	/ knowledge and beli	ief. Kansas
	ne business name of	this !		was completed on (m	
by (signature)	filmet				
INSTRUCTIONS: Use typewriter or b	all point pen. Please press firm	nly and print clearly. Plea	ase fill in blanks,	underline or circle t	he correct
answers. Send top three copies to F Telephone: 785/296-3565. Send one to V	vansas Department of Health Water Well Owner and retain one	i and ⊑nvironment, Bur for your records.	eau of water, I	opeka, Kansas 66	0∠∪-∪∪∪1.