Form WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: CLAY	WW14WW14NW114	7	7	3
Distance and direction from nearest town or city street address of well if located within city?				
3 MILES EAST OF MORGANDVILLE ICS				
2 WATER WELL OWNER: JOE NEWELL				
RR#, St. Address, Box #: 1324 24th ROAD  Board of Agriculture, Division of Water Resources City, State, ZIP Code: MORGANVILLE, KS 674-68 Application Number:				
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVELft.				
WELL WAS USED AS:				
	1 Domestic			•
	2 Irrigation 3 Feedlot	6 Oil Field Water S 7 Lawn and Garden C		
W	3 Feedlot E 4 Industrial	8 Air Conditioning	12 Other . DA	iry Parlor
S'W————————————————————————————————————				
Water Well Disinfected: Yes.X No				
S S				
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter. 3				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From 6.5.ft. to 6.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				
2 Sewer lines 3 Watertight sewer lines	7 Pit privy	12 Fertilizer storag	je	
4 Lateral lines	9 Feedyard	14 Abandoned water w	iell	
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well? S.O.	<i>U.T.H</i>	How many feet?&	5	
FROM TO PL	UGGING MATERIALS			
8.33 6.5 SAND	4 GRAVEL			
每 章 600				
6,5 5 CLA	4			
5 H.S BEN	TONITE			
4.5 0 TOP	SOIL			
				:
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
$\vdash$ on (mo/day/year) $9$ $=$ $3$ $=$ $2$ $=$ and this record is true to the best of my knowledge and belief. Kansas				
1.0-Le. D.C under the business) name of .MEL.S PAMPT. P.L.D.M.1.51N.G.				
by (signature)				

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.