			١	VATER WE	LL PLUGGIN	G RECORD	Form \	NWC-5P KS	A 82a-1212	ID NO.			
1	LOCATION OF WATER WELL:			Fraction			Section Number To			Number	Range I	Number	
Co	unty:	~ 1.4		SW/4	1/4	1/4	10	'a	7	5	UF	•	
Dis	stance and dire	ection from near	-	ity street	" "	_			<u> </u>	<u> </u>		•	
	14 mile North Green Ko + /4 east north side												
2	WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code : Jim Laper + 12060 x0 Application Number: A COST NOTAN STORE Board of Agriculture, Division of Water Resources Application Number:												
	RR #, St. Add City, State, Z		Sim Lia	pert	12061	Appl	ication Number	e, Division of v :	vater Hesource	S			
3		L'S LOCATION V	VITH	4 DEP	TH OF WEL	L	35	ft					
Γ	AN "X" IN	SECTION BOX:		 WEl	L'S STATIC	WATER LE'	VEL. 3	≲ t.					
				WEL	L WAS USE	D AS:							
:	N W -	N E	:		1 Domest			lic Water Sup		9 Dewat	•		
					2 Irrigation3 Feedlot			Field Water Si nestic (Lawn i		Monito 11 Injectio	ring Well on Well		
W			E		4 Industria			Conditioning				,	
	s w -	S E	: —					mple submitte			No	X	
	X			-	ell Disinfed	·	,	No		•			
ļ_,		S											
5	TYPE OF E	BLANK CASING	USED:										
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											•••••	
	Blank casi Casing hei	ng diameter ght above or b	in. elow land s	Wa urface	s casing n	Yes	No		If yes, how m	uch			
6		UG MATERIAL:		t coment		ent grout	€	ntonite 4	Other				
لـــا	Grout Plug	Intervals:	From	<u>ク</u> ft.	to	? ft.,	From	ft. t	o1	t., From	to	ft	
			e of possib	sible contamination:						40 Other (annuity halan)			
	1 Seption 2 Sewer	r lines		7 Pit	epage pit privy		12 F	uel storage ertilizer storag	ge	16 Other (sp	ecity below)		
3 Watertight sewer lines 4 Lateral lines			es	Sewage lagoon 9 Feedyard			13 Insecticide storage14 Abandoned water well						
5 Cess Pool				10 Livestock pens				il well/Gas we					
Direction from well?													
FROM TO PLU			PLUG	JGGING MATERIALS			7						
	0	45'	Topsoi	7									
4	4/2'	13'	Semor	vite									
	7 ' K	90' 5	ubsoi]									
1	00 1	35 £	sand										
				*****			_						
			***				_						
<u>_</u>													
7	CONTRAC on (mo/day	TOR'S OR La	NDOWNEJ Ol. JO	R'S CER	TIFICATIO	N: This w	ater we	ell was plugg s record is true	ed under me to the best	y jurisdiction of my knowle	and was condge and belief.	npleted Kansas	
		Contractor's Lice		648	name of	Thun			Water Well F		pleted on (mo/da	ay/year)	
	by (signatur	• •	odd ()	Ind	noon			7	1120				

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.