WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.				
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Riley	NW 1/4 SHE 1/4 5U 1/4	30	7	5 E
Distance and direction from nearest town or city street address of well if located within city?				
WATER WELL OWNER: Armin Olson RR #, St. Address, Box #: City, State, ZIP Code: Green, Ka 67447 Board of Agriculture, Division of Water Resources Application Number:				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL WELL'S STATIC WATER	90 m		
N W	4 moustrial	5 Public Water Supp 6 Oil Field Water Su 7 Domestic (Lawn & 8 Air Conditioning	pply 10 Monito Garden) 11 Injecti 12 Other	oring Well ion Well
Was a chemical / bacteriological sample submitted to Department? Yes				
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				
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
What is the nearest source of poss 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool Direction from well?	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned wate 15 Oil well/Gas wel	age er well	pecity below)
	JGGING MATERIALS			
0 3 Soil 3 90 Benton	te (11.5:ft3)			
7 CONTRACTOR'S OR LANDOWN	IED'S CEPTIEICATION: Th	is water well was pluces	ad under my juriodictio	in and wee completed
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				

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.