		WATER WELL PLUGGING R	RECORD Form WWC-5P	KSA 82a-1212 ID N	10. <u>Mw</u>	3	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range	Number	
Co	unty: Clay	UE14NW 14 NU 14	8	8	30	EW	
Dis	tance and direction from nearest town		ated within city?			-	
_	813 6th Street						
2							
RR #, St. Address, Box #: 635 W Crawford  City, State, ZIP Code : Clay fun fer, KS 6743 Z  Board of Agriculture, Division of Water Resource  Application Number:					ces		
3	MARK WELL'S LOCATION WITH		28.15 ft.				
	AN "X" IN SECTION BOX:	WELL'S STATIC WATE	ER LEVEL				
[	N		WELL WAS USED AS:				
		1 Domestic	5 Public Water Supply	9 Dewateri	ína		
	NV NE	2 Irrigation	6 Oil Field Water Supp	oly 🚳 Monitorir	ng Well		
w		S Feedlot 4 Industrial	<ul><li>7 Domestic (Lawn &amp; G</li><li>8 Air Conditioning</li></ul>				
	Was a chemical / bacteriological sample submitted to Department? Yes						
SW SE If yes, mo/day/yr sample was submitted						,	
Water Well Disinfected: Yes No							
5	TYPE OF BLANK CASING USED:						
	1_Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
	2 PVO 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter in. Was casing pulled? Yes No							
6							
	Grout Plug Intervals: From What is the nearest source of possi	Dft. to 28-15 ft.	, Fromft. to	o ft., From	to	) ft.	
	1 Septic tank	6 Seepage pit	11 Fuel storage	60 other (spe	cify below)		
	<ul><li>2 Sewer lines</li><li>3 Watertight sewer lines</li></ul>	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage	UST			
	4 Lateral lines 5 Cess pool	9 Feedyard	14 Abandoned water				
	Direction from well?	10 Livestock pens	r feet?				
Towns and the second se							
FROM TO		PLUGGING MATERIALS					
	B 28:15 pressure	growted with 20-30? entonite growt and ex the low surface	7c				
	solid b	entonite grout ander	+				
	pvc 3F	1 below surface					
7	CONTRACTOR'S OF LANDOW	NER'S CERTIFICATION: This	s water well was plugged	under my jurisdiction a	nd was con	npleted on	
	CONTRACTOR'S OF LANDOW (mo/day/year)	534	This Wa	ater Well Record was comp	oleted on (m	o/day/year)	
	by (signature)	the business name of	1140 SANESET F. 19.18 3				

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.