	WATER WELL PLUGGING RECO	ORD Form WWC-5P KSA	82a-1212 ID NO	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Riley	SE ¹ / ₄ NW ¹ / ₄ NW ¹ / ₄	15	8	5E
Distance and direction from nearest town of	or city street address of well if to	ocated within city?		
In town				
2 WATER WELLOWNER: Leanor	dville City			
RR #, St. Address, Box #: P.O. Bocity, State, ZIP Code : Leonar	ox 189 dville, Ks. 6644	A man diametria ma A brown be a mi	Division of Water Resource	es
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	197 n		
AN "X" IN SECTION BOX:	WELL'S STATIC WATER	R LEVEL 8.8 ft.		
N N	WELL WAS USED AS:			
N E	1 Domestic	5 Public Water Supp		_
	2 Irrigation 3 Feedlot	6 Oil Field Water Su 7 Domestic (Lawn &		toring Well tion Well
W E	4 Industrial	8 Air Conditioning		r
S W ———— S E ———		iological sample submitte le was submitted		x
	Water Well Disinfected:	Yes X No		
S				
TYPE OF BLANK CASING USED:				
	Vrought 7 Fiberg sbestos-Cement 8 Concre		below)	
Blank casing diameter8 in. Casing height above or below land			C If yes, how r	much
6 GROUT PLUG MATERIAL: 1 N	leat cement 2 Cement gro	ut 3 Bentonite 4 C	Other	
Grout Plug Intervals: From		From ft. to	ft., From	to ft
What is the nearest source of pos-	sible contamination:			
1 Septic tank	6 Seepage pit	11 Fuel storage		pecify below)
2 Sewer lines3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storag13 Insecticide storag		••••••
4 Lateral lines	9 Feedyard	14 Abandoned water	er well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas wel		
Direction from well?	How man	y feet?		
FROM TO PLU	JGGING MATERIALS			
0 81 cement	grout			
	91040			
81 197 grave1				
	· · · · · · · · · · · · · · · · · · ·			
7 CONTRACTOR'S OR LANDOWN on (mo/day/year)	NER'S CERTIFICATION: Th	is water well was plugge	ed under my jurisdiction	on and was completed
Water Well Contractor's License No	1.8.2	This	Water Well Record was co	empleted on (mo/day/year)
1.12.12.00.2 under the	business perme ofS.t.	ader Drilling	Co., Inc.	
INSTRUCTIONS: Use typewriter or banswers. Send top three copies to h	oall point pen. <u>Please press f</u> Kansas Department of Hea	<u>irmly</u> and <u>print</u> clearly. Plearly But	ase fill in blanks, under reau of Water Topeka	ine or circle the correct Kansas 66620-0001
Telephone: 785/296-3565. Send one to \	Nater Well Owner and retain o	ne for your records.	. I II I I I I I I I I I I I I I I I I	,