mu6

**/	ATER WELL PLUGGING RI	ECODD Form WWC	-5P KSA 82a-12	12 ID NO.	029/554	
1	LOCATION OF WATER WELL: County: Leavenwort			Township Number	Range Number	
-	Distance and direction from nearest to	own or city street address of w	rell if located within city		ZZ GW	
	1205 WORTH	main	Lansing 1	K5		
2	VATER WELL OWNER: Lea	venmorth CO.	Global Positioning Sy	stems (decimal deg	rees, min. of 4 digits	
	RR#, St. Address, Box #:	of mein	Latitude: 39-2 Longitude: -94.	900 73		
	1203	W. 11-21-3	Elevation: 8252	70		
	City, State ZIP Code: Lan.	sing 165	Datum: Data Collection Metho	d: Survey	1	
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 14 ft.						
	WITH AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL 3/5 ft					
	WELL WAS USED AS:					
	NW NE	1 Domestic	5 Public Water Supply		vatering	
l w	W E 2 Irrigation 6 Oil Field Water Supply 19 Monitoring 7 Domestic (Lawn & Garden) 11 Injection Well					
	_ SW SE	4 Industrial	8 Air Conditioning		ner	
	Was a chemical/bacteriological sample submitted to Department? Yes No					
5 TYPE OF 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						
'	2'					
Blank casing diameterin. Was casing pulled? Yes No If yes, how much State of the land surface in.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  Grout Plug Intervals: From ft. to ft., From ft. to ft.						
	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					
	3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage					
	4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?  5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?					
		-			IA TERRIAL C	
		GING MATERIALS  ON 1'T Chifs	FROM TO	PLUGGING M	IATERIALS	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was						
completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water						
Well Contractor's License No This Water Well Record was completed on (no/day/year) under the business name of Tank Managemen T Services by (signature)						
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the						
cor	rect answers. Send top three copies to	Kansas Department of Health	and Environment, Bure	au of Water, Geolog	y Section, 1000 SW	
	kson St., Ste. 420, Topeka, Kansas 660 ords. Visit us at http://www.kdheks.go		26-5522. Send one to Wa	ater Well Owner and	l retain one for your	