	WATER WELL PLUGGING RE	ECORD Form WWC-5P	KSA 82a-1212 ID N	0
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Rooks	WENE NEW	, 4	10	18 EM
Distance and direction from nearest town	•	A ' X / '	, ,	111.1
Tel.	Plean Stanvert 36 N 29th 3+	2 souls	+ 1,5%	Well
2 WATER WELL OWNER: 49	26 N 19543t		150	serello
RR #, St. Address, Box #: City, State, ZIP Code :	I was two V. De	Board of Agriculture	e, Division of Water Resourcer:	ces //
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	5. ft.	10 - P. r. p.	100
AN "X" IN SECTION BOX:	WELL'S STATIC WATER	R LEVEL 1.5 ft.		
N Y	WELL WAS USED AS:			
NW NE	1 Domestic	5 Public Water Supply	9 Dewateri	ina
	2 Irrigation	6 Oil Field Water Supp	oly 10 Monitorin	ng Well
w	3 Feedlot E 4 Industrial	7 Domestic (Lawn & G8 Air Conditioning	arden) 11 Injection	
		gical sample submitted to De	epartment? Yes	No
SW SE	If yes, mo/day/yr sample wa	s submitted	·	•
SWY	Water Well Disinfected: Ye	es		
5 TYPE OF BLANK CASING USED				
	Wrought 7 Fibergla			
	Asbestos-Cement 8 Concret	6 £		7/
Blank casing diameteri Casing height above or below lan	n. Was casing pulled? d surface		If yes, how mu	ıch
	1 Neat,cement 2 Cement grou		Other	
· · ·	nft. toft.,	, Promft. t	o ft., From	to ft
What is the nearest source of pos	sible contamination:			
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	ecity below?
2 Sewer lines3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage		
4 Lateral lines	9 Feedyard	14 Abandoned water	well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well?	How many	feet?		
FROM TO	PLUGGING MATERIALS			
36 6 30	-2			
6 3 R	whom. Fe			
3 10	111			

FROM	то	PLUGGING MATERIALS
36	6	Sad
6	3	Bendon.72
3	0	Comparted days
-		
		•

CONTRACTOR'S OF LAND OWNER'S CERTIFICATION: This w	ater well was plugged under my jurisdiction and was completed o and this record is true to the best of my knowledge and belief. Kansa
	and this record is true to the best of my knowledge and belief. Kansa This Water Well Record was completed on (mo/day/year
business name of	, , , , , , , , , , , , , , , , , , , ,

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.