		WATER WELL PLUGGING RE	ECORD Form WWC-5P	KSA 82a-1212 ID N	o. MWS
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	unty: Wahaunsee stance and direction from pearest town or	SW4 SE 14 NW 14 city street address of well if loca	3/	//	// E/M
	199 McFARIA	O STRAT MI	TAD MIN		
2	WATER WELL OWNER: WHICH A	Pacific la Dermott, Room	930		
	City, State, ZIP Code : Omaha	4 NE 68179	Board of Agriculture, Application Number:	Division of Water Resource	es
3	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	Y. 90 ft.		
	AN "X" IN SECTION BOX:	WELL'S STATIC WATER	R LEVEL 34.91 ft.		
		WELL WAS USED AS:			
	NW NE	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Suppl</li></ul>	9 Dewaterir y <del>10 Mo</del> nitorin	ng Well
w	E	3 Feedlot 4 Industrial	7 Domestic (Lawn & Ga 8 Air Conditioning	arden) 11 Injection 1	Well
		Was a chemical / bacteriolog	rical sample submitted to De	nartment? Ves	No. X
SE Was a chemical / bacteriological sample submitted to Department? Yes					
	S	Water Well Disinfected: Yes	s No		
5	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 diameterin. Casing height above or below land su	Was casing pulled?	Yes No		ch
6	GROUT PLUG MATERIAL: 1 N	eat cement 2 Cement grou		ther	
	Grout Plug Intervals: From ft. to ft. to				
	What is the nearest source of possible  1 Septic tank	e contamination:  6 Seepage pit	11 Fuel storage	6 Other (ener	oify bolow)
	2 Sewer lines 3 Watertight sewer lines	7 Pit privy	12 Fertilizer storage	16 Other (spec	3/15 )
	4 Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water w	ell	
	5 Cess pool  Direction from well?	10 Livestock pens	15 Oil well/Gas well		
	FROM TO PL	UGGING MATERIALS			
	2 34.9 Dente	nite Grant			
	0 5 Native	g 501/5			
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 42 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	by (signature)	business name of	nco chreat Plain	DIERC	
IN	STRUCTIONS: Use typewriter or ball	point pen. Please press firm	nly and print clearly. Pleas	e fill in blanks, underline	e or circle the correct
an	swers. Send top three copies to Kans , Ste. 420, Topeka, Kansas 66612-13	sas Department of Health an	d Environment, Bureau of	Water, Geology Section	n, 1000 SW Jackson