				WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	10	
1	LOCAT	ION OF WAT	ER WELL:	Fraction	Section Number	Township Number	Range Nu	ımber
County: GOVE				NW4SE 14 NW14	36	11	28	E/W
Distance and direction from nearest town or city street address of well if located within city?								
31/2 SOUTH 9 3/4 WEST & 1/4 SOUTH OF PARK, KANSAS								
WATER WELL OWNER: DELORIS PHITEGER RR #, St. Address, Box #: 410 PARKVIEW CT. Board of Agriculture, Division of Water Resources								
	RR #, St City, Sta	. Address, Bo te, ZIP Code	» #: 410 PAI : QUINT	ekview CI, Fr, KS 67752	Application Number	e, Division of Water Resour	ces	
3			ATION WITH	4 DEPTH OF WELL				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL								
				WELL WAS USED AS:				
	NW	si l	NE	1 Domestic	5 Public Water Supply			
14/		۸		②Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G	arden) 11 Injection	Well	
W			E	+ mademai	8 Air Conditioning			
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes							
	Water Well Disinfected: Yes							
		S		Water Well Biolinested.				
5	TYPE	OF BLANK C	ASING 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. Was casing pulled? Yes								
CDOUT BLUC MATERIAL. 1 Next coment 2 Coment grout Q Pontonite 4 Other								
Grout Plug Intervals: From								
What is the nearest source of possible contamination:								
1 Septic tank 2 Sewer lines				6 Seepage pit7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (spe	ecify below)	
Watertight sewer lines Lateral lines			er lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage14 Abandoned water)	,	
	5 Cess pool			10 Livestock pens	15 Oil well/Gas well	Well		
Direction from well? How many feet?								
FROM TO P			Р	LUGGING MATERIALS				
	0	25	BENTO	NITE				
	25	48	SANDY					
	49	50	BENT	ONITE '				
	50	73	SANDU	CLAN				
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed or								
Water Well Contractor's License No. 409								ıy/year)
(mo/day/year) 120/05 and this record is true to the best of my knowledge and belief. Water Well Contractor's License No. This Water Well Record was completed on (mo/d upder the business name of ANN PIMP by (signature)								
	ISTRUCT	IONS: Use t	ypewriter or ba	II point pen. Please press fi	rmly and print clearly. Plea	ase fill in blanks, underli	ne or circle the o	correct
				nsas Department of Health a 1367. Telephone: 785/296-5				