IDNO. WELL #10 WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 LOCATION OF WATER WELL: Fraction Township Number Number Range Number County: O Hawa NE<sup>1/4</sup> SE<sup>1/4</sup> S W<sup>1/4</sup> Le

Distance and direction from nearest town or city street address of well if located within city? 3 W chestnut strect 2nd Ave 2 WATER WELLOWNER: city of minneapolis 218 N. ROCK Board of Agriculture, Division of Water Resources RR #, St. Address, Box #: Application Number: minneapolis, KS 67467 City, State, ZIP Code : DEPTH OF WELL 719 # MARK WELL'S LOCATION WITH 3 AN "X" IN SECTION BOX: WELL WAS USED AS: - N E -NW-1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 7 Domestic (Lawn & Garden) Injection Well 3 Feedlot 11 w Ε 8 Air Conditioning 4 Industrial 12 Other ..... SE-If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes ...... No ..... S 5 TYPE OF BLANK CASING USED: 3 RMP (SR) 7 Fiberglass 9 Other (Specify below) (1)Steel 5 Wrought 6 Asbestos-Cement 8 Concrete Tile 2 PVC ..... Blank casing diameter...... in. Was casing pulled? Casing height above or below land surface ................................ in. No ........ Yes ..... If yes, how much ..... 3 Bentonite 6 **GROUT PLUG MATERIAL:** Grout Plug Intervals: What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 12 Fertilizer storage 2 Sewer lines 7 Pit privy ...... 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedvard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well How many feet? \_\_\_\_\_/\_50 / Direction from well? WEST

FROM	то	PLUGGING MATERIALS				
3	219	cement brout				
0	_3	Cement Grout				
3	2411	AGL coment cap				

7	CONTE	RACTOR'S	OR LANDOWN	ER'S CERTIFICA	ATION: This w						
		ell Contracto	or's License No		······································	unu uno 1	This Wa	ater Well Reco	ord was comple	ted on (mo/da	ıy/year)
	by (sign	ature)	under th	e business name o		asjne.	ررارار	rense			

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.