					WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO							
1 LOCATION OF WATER WELL:					raction	Section	Section Number To		Number	Range	Number	
County: Logan					1/4 SE 1/4 SE' 1/4	3		1	1	32	EW	
Distance and direction from nearest town or city street address of well if located within city?												
US Hwy 40 & Smokey Hill Ave - Oakley, KS 67748												
2	WATER WELL OWNER: Eric Kohn 622 Wink Street											
RR #, St. Address, Box #: Oakley, K: City, State, ZIP Code :					S 67748 Board of Agriculture, Division of Water Resources Application Number:							
3 MARK WELL'S LOCATION WITH					4 DEPTH OF WELL85 ft.							
	AN "X" IN SECTION BOX:				WELL'S STATIC WATER LEVEL ft.							
	N				WELL WAS USED AS:							
	NW				1 Domestic 2 Irrigation		5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well VOBW-3					
w				E	3 Feedlot 4 Industrial							
''												
	sw	·——	— SE		Was a chemical / bacteriological sample submitted to Department? Yes							
ı		S		'	Water Well Disinfected: Yes No							
5	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												
Blank casing diameter in. Was casing pulled? Yes												
6												
Grout Plug Intervals: From .0.5 ft. to .85 ft., From											ο π.	
1 Septic tank					6 Seepage pit	11 Fuel	1 Fuel storage 16 Other (specify below)					
2 Sewer lines				7 Pit privy	12 Ferti	12 Fertilizer storage						
<ul><li>3 Watertight sewer lines</li><li>4 Lateral lines</li></ul>				8 Sewage lagoon 9 Feedyard		13 Insecticide storage 14 Abandoned water well						
5 Cess pool				10 Livestock pens		15 Oil well/Gas well						
	Directi	on from well?	, <b>W</b>		How many	feet?115						
FROM TO PL					GING MATERIALS							
_												
-												
. 3		85	Pressuriz	ed Gi	out							
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed (mo/day/year)											lief Kansas	
Water Well Contractor's License No											no/day/year)	
	by (sig	nature)	unde		rusiness name or				·····			
IN	STRUCTI	ONS: Use 1	vpewriter or	ball pe	pint pen. Please press fir	mly and print	clearly. Plea	se fill in bla	anks, underlin	e or circle t	the correct	
an	swers. Se	end top thre	e copies to k	(ansas	Department of Health a 7. Telephone: 785/296-55	nd Environm	ent, Bureau d	of Water, G	eology Sectio	n, 1000 SV	W Jackson	