## SILID. 400141512

WATER WELL PLUGGING RECORD FORM WWC-5P KSA 82a-1212 ID NO. MW-3

1	LOCAT	ION OF WATI	ER WELL:	Fraction	Section	Number	Township	Number	Range	Number	
C	unty:	Trea	O	14 NF 14 NE 14	17		12	S	શ્ર	$\omega$	
Distance and direction from nearest town or city street address of well if located within city?											
I-70 + 283 Hwy, Wakeeney, K											
2 WATER WELL OWNER: Wakerney Travel Plaza  Board of Agriculture Division of Water Resources											
L,	City, State, ZIP Code: Box 647 Salim KS 67402 Application Number:										
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL											
		N	1 +	WELL WAS USED AS:							
	N	w <del>   </del>	— N E ——	1 Domestic 2 Irrigation		ic Water Supp ield Water Su	-	9 Dewate	ering ring Well		
w			E	3 Feedlot 4 Industrial	7 Dom	estic (Lawn & onditioning		11 Injection			
	Was a chemical / bacteriological sample submitted to Department?Yes										
		s		Water Well Disinfected:	Yes	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 diameter											
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
What is the nearest source of possible contamination:											
	1 Septic tank 2 Sewer lines			6 Seepage pit 11 Fuel storage 16 Other (specify below)							
	3 Waterlight sewer lines			7 Pit privy 12 Fertilizer storage							
4 Lateral lines 5 Cess Pool				9 Feedyard 10 Livestock pens		andoned wate I well/Gas well					
Direction from well?											
_	FROM	то		GGING MATERIALS				. }	11		
		SGING MATERIALS	<del>&gt;</del>	t Moni	tor we	11 Van	,Η. W'	1. 1. 1			
75		55'	Soil	) h-l -l		damagi	ed + c	asing	was c	DIOCKER	
<u> </u>	55'	3	Bentoni	te hole Plun		at 53	4 pro	mpting	1 the	Pluggin	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)											
on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)											
by (signature)											
INSTRUCTIONS: Use typewriter or batteeint 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.