| | | | | W | VATER WELL PLUGGING R | ECORD | Form WWC-5P | KSA 82a- | 1212 ID N | 0 | | |
|---|---|--|-----------------|----------|--|---|---|-----------------|----------------|-------------------------|-------------|--|
| 1 | LOCATION OF WATER WELL: | | | | Fraction | Section Number | | Township | Number | Range | Number | |
| County: LINCO/N | | | | | 14 14 SE 14 | 33 /3 | | | | 10 | EW | |
| Dis | tance and dire | ction from r | earest town o | r city | street address of well if loc | ated withir | city? | | | | _ | |
| 2 | WATER W | ELL OWNE | R: Jo | 42 | J. Hlaus | | | | | | | |
| | RR #, St. Address, Box #: Board of Agriculture, Division of Water Resources | | | | | | | | | | | |
| 3 | <u> </u> | | | | 4 DEPTH OF WELL | | pplication Number | r: | | | | |
| | | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | WELL'S STATIC WATER LEVEL ft. | | | | | | | |
| | N I | | | | WELL WAS USED AS: | | | | | | | |
| | NW NE E | | | | 1 Domestic | iblic Water Supply | | | | | | |
| w | | | | _ | 2 Irrigation 3 Feedlot | Dil Field Water Supply Domestic (Lawn & Garden) Air Conditioning 10 Monitoring Well 11 Injection Well 12 Other Ablactived Liverific Wetering Well | | | | | | |
| " | | | | | | | | | | | | |
| | sw | | - SE | | Was a chemical / bacteriological sample submitted to Department? Yes | | | | | | | |
| į | | S | | | Water Well Disinfected: Yes .X No / ga/, Cloro X Wa | | | | | | ias use | |
| 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 | | | | | | | | | | | | |
| | Casing he | ight above | or below land s | surfa | | our for | e | | | | | |
| GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Pentonite 4 Other | | | | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | | | | |
| 1 Septic tank 2 Sewer lines | | | | | 6 Seepage pit 7 Pit privy | | 10 Fortilizer eterace | | | 6 Other (specify below) | | |
| Watertight sewer lines Lateral lines | | | | | 8 Sewage lagoon 9 Feedyard | 13 I | 13 Insecticide storage 14 Abandoned water well | | | | | |
| 5 Cess pool | | | | | 10 Livestock pens | 15 (| 15 Oil well/Gas well | | | | | |
| Direction from well? | | | | | | | | | | | | |
| FROM TO PL | | | | | GGING MATERIALS | | | | | | | |
| 42' 32' Sand | | | <u>/</u> _/ | | | | | | | | | |
| 3 | 32' 12' DIRT | | <u></u> | | | | | | | | | |
| | 2 7 | Top | Bent | ON | Vite | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 7 | CONTRAC | CTOR'S O | F LANDOWN | IER' | S SERTIFICATION: This | water w | ell was plugged | under my j | urisdiction a | nd was cor | npleted on | |
| Ш | (mo/day/ye | ear) . // | - 26 - | <i>L</i> | ousiness name of Dura | and | this record is true | e to the best | of my knowle | dge and beli | ief. Kansas | |
| | by (signat | ure)() | uh Jah | he t | ousiness name of Dlura | ion o | T. Jank | | | | | |
| IN: | STRUCTION | S: Use typ | ewriter or ba | ıll po | pint pen. <u>Please press fir</u> | nly and p | rint clearly. Plea | se fill in blar | nks, underline | e or circle the | he correct | |
| | | | | | Department of Health a 7. Telephone: 785/296-55 | | | | | | | |