				WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	NO
1 LOCATION OF WATER WELL:			TER WELL:	Fraction	Section Number	Township Number	Range Number
County: ELLIS				14 14 SE14	21	/3.5	17 E/N
Dis	tance and	direction from		ity street address of well if loc	•		1
L_	154	17 .		DICTORIA KS	67671		
2		R WELL OWI					
	RR #, S	t. Address, B	ox#: 270 3	HALL		, Division of Water Resour	ces
		ate, ZIP Code		Ks 67601	Application Number	;	
3		WELL'S LOC IN SECTION	CATION WITH NBOX:	4 DEPTH OF WELL			
Ι.		Ņ		WELL'S STATIC WATE	R LEVEL ft.		
				WELL WAS USED AS:			
	NV	v——	— NE ——	1) Domestic	5 Public Water Supply		
				2 Irrigation 3 Feedlot			
W			X E	4 Industrial	8 Air Conditioning		
					gical sample submitted to De		No
				If yes, mo/day/yr sample was submitted  Water Well Disinfected: YesX No			
1		S					
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 diame	ter <b>4.8</b> in.	Was casing pulled?	Yes No	If yes, how mu	ch
L.,	Casino	height abov	e or below land sur	face12	in.	-	
6							
Grout Plug Intervals: From							
What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
1 Septic tank 2 Sewer lines				<ul><li>6 Seepage pit</li><li>7 Pit privy</li></ul>	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>	• •	
3 Watertight sewer lines  A Lateral lines			er lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water w	, all	
5 Cess pool				10 Livestock pens	15 Oil well/Gas well	veii	
	Directi	on from well?	WEST	How many	feet? 45		
<u> </u>		TO		IOONO MATERIALO			
FROM TO			JGGING MATERIALS				
.0,		5'	EARTH				
_5'_		5.5	BENTON	ITE			
5' 55		13	EARTH				
	13	26	SAND				
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on							
(mo/day/year) 3-36-04: and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No							
	by (sig	nature)C	lem Kail	<u>M</u>	MARTINA ITAMIMINANA		
INS				point pen. <u>Please press firn</u>			
				as Department of Health ar			

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.