	WATER WELL OLLOOPING DECO	DD 5 WWW 5D 1604	00. 4040 ID NO	
	WATER WELL PLUGGING RECO	RD Form WWC-5P KSA	.82a-1212 ID NO	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Elli	SEYSEYSE"	32	135	18W
Distance and direction from nearest town of	or city street address of well if lo	cated within city?		
70 W. O. 10	W Mat			
PR #, St. Address, Box #: P.O Box	1036		Division of Water Resource	es.
City, State, ZIP Code : Haus	KS 67601	Application Number:		
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL			
N	WELL'S STATIC WATER	LEVEL13.83 ft.		
	WELL WAS USED AS:			
N W ———— N E ——	1 Domestic	5 Public Water Supp		
w _E	2 Irrigation 3 Feedlot	6 Oil Field Water Su 7 Domestic (Lawn &	Garden) 11 Injectio	oring Well on Well
	4 mausman	8 Air Conditioning		
S WS E Was a chemical / bacteriological sample submitted to Department?Yes				
<u> </u>	Water Well Disinfected:	Yes No		
S				
TYPE OF BLANK CASING USED:		0 Other (0 "		
	Vrought 7 Fibergl sbestos-Cement 8 Concre		Delow)	
Blank casing diameterin. Casing height above or below land			If yes, how m	uch
6 GROUT PLUG MATERIAL: 1 N	leat_cement 2 Cement grou	t 3 Bentonite 4	ther Notive Soi	
Grout Plug Intervals: From	O ft. to 5 ft.,	From5 ft. to	00 ft., From	
What is the nearest source of poss				
1 Septic tank 2 Sewer lines	6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (sp	Bazzin
3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon9 Feedyard	13 Insecticide stora14 Abandoned wate	_	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	I	
Direction from well?	How many	feet?		
FROM TO PLU	JGGING MATERIALS			
Unterly 6 Q	0,001			
5 20 Binton	uto			
1 211 4011	2722 54:3			
T CONTRACTOR'S OR LANDOWN	S LO Y W		d under my juriediction	and was sampleted

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed 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) under the business name of by (signature)

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.