	WATER WELL PLUGGING R	RECORD Form WWC-5P	KSA 82a-1	212 ID N	0	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township	Number	Range	Number
County: F) 1 . 5	NEW NEW NEW	32	13	S	18	E ∕ € ∕
Distance and direction from nearest town or city street address of well if located within city?						
2300 HALL						
2 WATER WELL OWNER: Eagle	Communication	ກົວ				
RR #, St. Address, Box #: 2,300 City, State, ZIP Code : HA	3 K3 4/40			/ater Resource	es	
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL					
AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL					
X	WELL WAS USED AS:	:				
NE NE	1 Domestic	5 Public Water Supply		9 Dewateri	ng	
	2 Imgation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G	ly	10 Monitorin	ng Well	
W	4 Industrial	8 Air Conditioning		12 Other	**OII	
Was a chemical / bacteriological sample submitted to Department? Yes						
SW SE If yes, mo/day/yr sample was submitted						
S	Water Well Disinfected: Y	es X No				
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 diameter5 in. Was casing pulled? Yes No						
Casing height above or below land surface						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From						
What is the nearest source of possib 1 Septic tank	6 Seepage pit	11 Fuel storage	1	6 Other (spe	cify below)	
2 Sewer lines	7 Pit privy	12 Fertilizer storage				
3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water v				
5 Cess pool	10 Livestock pens	15 Oil well/Gas well				
Direction from well? How many feet?						
FROM TO P	LUGGING MATERIALS					
- 112	1					
55 43 SANG						
73 24 C/AY						
24 3 Bento	mite					
5 0 Topso	1					
•						
CONTRACTOR'S OF LANDOWNEB'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
(mo/day/year)7~30~0) <u>X</u>	and this record is tru	e to the best	of my knowle	edge and be	lief. Kansas
Water Well Contractor's License No						
by (signature)Q						
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, Geology Section, 1000 SW Jackson						
St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.						