				WATER WELL PLUGGING F	RECORD F	orm WWC-5P	KSA 82a-1	212 ID N	o. Ma	<u> </u>
1 LOCATION OF WATER WELL:				Fraction	Section	Section Number		Township Number		Number
Cou	County: Ellis			SEYA BEYANEYA	8		13		20	E(W)
				city street address of well if lo						
			000	washing for	E	1/15	45			
2	WATER	R WELL OWN	ER: Rol	best Gerster 2 Fairway 145 KS 671						
		. Address, Bo	×#: 350	2 Fairway	Boar	d of Agriculture		ater Resourc	es	
	City, Sta	te, ZIP Code	· · · · · · · · · · ·		201 Appil	ication Number	·			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:					^				
r				WELL'S STATIC WATER LEVEL ft. WELL WAS USED AS:						
				1 Domestic 5 Public Water Supply 2 Irrigation 6 Oil Field Water Supply					9 Dewatering Monitoring Well	
w			×	3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well						
١٧٧				4 Industrial 8 Air Conditioning 12 Other						
	SW			Was a chemical / bacteriological sample submitted to Department? Yes						
'		S		vvater vveii Disiniected.	Nater Well Disinfected: Yes					
5	TYPE (OF BLANK CA	SING USED:							
	Stee	a 3 RM		rought 7 Fiberg		ther (Specify b	elow)			
	(2)VC		2	bestos-Cement 8 Concr		! !			_	······································
	Blank o Casing	casing diamet height above	erin. or below land su	Was casing pulled?	Yes	No	If	yes, how mu	ch 3 7	
6		T PLUG MATE		leat cement 2 Cement gr		ntonite 4 (Other			
	Grout F	Plug Intervals:	From	.1.9ft. to3f		ft. to	o ft.,	From	to .	ft
	What is	the nearest s	source of possible	e contamination:						
		eptic tank ewer lines		6 Seepage pit7 Pit privy		Fuel storage 16 Other (specify below) 12 Fertilizer storage				
3 Watertight sewer lines			er lines	8 Sewage lagoon	13 Inse	13 Insecticide storage 14 Abandoned water well				
4 Lateral li 5 Cess po				9 Feedyard10 Livestock pens		15 Oil well/Gas well				
-	Directi	on from well?	wes	How man	y feet?	170	2			
			DI	LICOING MATERIAL C						
				LUGGING MATERIALS						
19_		3	/3.	entonite						
	3	0	Ji	5.1						
7	CONT	RACTOR'S	OF LANDOWN	ER'S CERTIFICATION: Th	is water well	was plugged	l under mv iu	risdiction a	ind was com	pleted on
_	(mo/da	y/year)	r's License No	EB'S CENTIFICATION: Th	and th	is record is tru	e to the best o	of my knowle	edge and belie	of. Kansas
	vvalerv	6 - 260	under th	ne business name of	Ja 15	tr.CL	Co.m.	2442		
				I point pen. <u>Please press f</u> sas Department of Health						

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