		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	10	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Col	unty: Lincoln	WW4 1/4 1/4	15	13) EW	
Distance and direction from nearest town or city street address of well if located within city?						
1/2 miles West and by wile south of Westfall						
2 WATER WELL OWNER: 633 N. 220 th Rol.						
	RR #, St. Address, Box #: Lincoln , Ks. 67455 Board of Agriculture, Division of Water Resources Application Number:					
3	WATER TELECOLOGICATION THAT					
	' AN "X" IN SECTION BOX: N	WELL'S STATIC WATER LEVEL				
		WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering				
	⊗ NW					
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G			
W	E		8 Air Conditioning			
	SW SE	SW SE Was a chemical / bacteriological sample submitted to Department? Yes				
	If yes, mo/day/yr sample was submitted					
	Water Well Disinfected: Yes					
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) Concrete						
2 PVC 4 ABS 6 Aspestos-Cernent 6 Concrete file						
Blank casing diameter in. Was casing pulled? Yes No If yes, how much If yes, how much in. Casing height above or below land surface in Below						
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)						
2 Sewer lines		7 Pit privy	12 Fertilizer storage			
Watertight sewer lines Lateral lines		8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water v			
5 Cess pool 10 Livestock pens · 15 Oil well/Gas well						
Direction from well? How many feet?						
FROM TO PLUGGING MATERIALS						
Oft, 42 ft Top 5011						
4	Ifth 5ft Bent	onite				
5	Ft. 95th Subs	5011				
9	7/2 16.16+A Sand	/Clorine				
_		7 - 7 - 7 - 7 - 7				
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on						
CONTRACTOR'S OF 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.						
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, 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.						