	WATER WELL PLUGGING RECO	ORD Form WWC-5P	KSA 82a-1212	ID NO			_
 LOCATION OF WATER WELL:	Fraction	Section Numb	er Township	Number	Range	Number	_

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number					
<u></u>	unty: SALVE	SE45W4NE4	30	14	2 ω					
Distance and direction from pearest town or city street address of well if located within city?										
2 mi EAST OF SALIDA, KS										
2	WATER WELLOWNER: EIKS L	DAGE MARYMOUNT Rd.	Decade of Amilanthum	Division of Mater Becourse						
	RR #, St. Address, Box #: 1800 16 City, State, ZIP Code : 54/NA	Ks 67401	Application Number:	Division of Water Resource	8					
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	f	48 ft.							
	N T	WELL WAS USED AS:	LEVEL							
	N W	1 Domestic	5 Public Water Supp	ly 9 Dewat	ering					
w	X E	2 Irrigation 3 Feedlot 4 Industrial	6 Oil Field Water Su 7 Domestic (Lawn & 8 Air Conditioning	pply 10 Monito Garden) 11 Injectio	oring Well on Well					
	S W	Was a chemical / bacter	iological sample submitte	d to Department?Yes	-1					
		If yes, mo/day/yr samp Water Well Disinfected:	le was submitted Yes No	······································						
L	<u> </u>				-					
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 diameter	Was casing pulled?		If yes, how m	uch					
6		eat cement 2 Cement gro	-	Othertt., From						
	What is the nearest source of poss									
	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (sp	• •					
	2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storag 13 Insecticide storag							
	4 Lateral lines	9 Feedyard	14 Abandoned water	er well						
	5 Cess Pool	10 Livestock pens	15 Oil well/Gas we	ll .						
	Direction from well? None	How man	y feet?							
	FROM TO PLU	IGGING MATERIALS								
	0 3 Too So	5.7								
	3 23 CONC/	rete								
_	23 48 SANO +	GRAVE								
-										
-		2000								
		144.5								
7 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 the b										
Water Well Contractor's License No										
	by (signature)	Ulia								
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct										

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.