		WATER WELL PLUGGING RECO	RD Form WWC-5P KS/	A 82a-1212 ID NO	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
Cou	C I	NE 1/4 SE1/4 SE1/4	11	14	3ω
	tance and direction from nearest town	or city street address of well if lo			
	in city li	mits - 300 W.	ASH		
2 WATER WELLOWNER: SAINE CO CHY Building Authority Bay Sound Sould, ASH Board of Agriculture Division of Water Resources					
	RR #, St. Address, Box #: Box 564 City, State, ZIP Code : SA/AJ4	0 300 1-1 91374	Board of Agriculture	e, Division of Water Resource :	28
3	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	58 n		
WELL'S STATIC WATER LEVEL 23					
	N I	WELL WAS USED AS:			
	N W — N E —	1 Domestic 5 Public Water Supply 9 Dewatering			
		2 Irrigation 3 Feedlot	6 Oil Field Water So Domestic (Lawn)		oring Well on Well
W		E 4 Industrial	8 Air Conditioning		
	S W S E	Was a chemical / bacteriological sample submitted to Department?Yes			
L	S Water Well Disinfected: Yes No				
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				
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: Fromft. to					to ft.
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					
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well					
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well					
	Direction from well?	How many	, feet? 200		
FROM TO PLI		UGGING MATERIALS			
ļ	0 3 Top 5	50:1			
	3 31 Benton	Bentonite - Hole Plug			
	31 58 GANK	IRIAND SAND			
_					İ
<u> </u>					

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) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) and this record was completed on (mo/day/yea

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.