		WATER WELL PLUGGING RE	ECORD Form WWC-5P	KSA 82a-1212	ID NO. MW8	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Num	ber Range Number	
 Cou	inty: SALINE	NW 1/4 NE 1/4 SW 1/4	14	14	3 EN	
	ance and direction from nearest town	or city street address of well if loca	ted within city?	, 21		
	100 NW OF	PROADWAY HVE	E HRMORY	R.		
2	WATER WELL OWNER: 2224	Phillips Block	,			
	WATER WELL OWNER: CON PRINT R. St. Address, Box #: 1234 City, State, ZIP Code Bactless	Me OK 74004	Board of Agriculture Application Number	e, Division of Water Re ::	sources	
3	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL		"		
	AN "X" IN SECTION BOX: N	WELL'S STATIC WATER	R LEVEL TIL			
		WELL WAS USED AS:	,			
}	NW NE NE	1 Domestic	5 Public Water Supply		watering	
		2 Irrigation _ 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G	arden) 10 Mo	nitoring Well ection Well	
W	×	E 4 Industrial	8 Air Conditioning		ner	
	SWSE	Was a chemical / bacteriological sample submitted to Department? Yes				
	Water Well Disinfected: Yes 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 diameterin				w much3.0	
	Casing height above or below land		n. /			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other					
	What is the nearest source of possible contamination:					
	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Othe	r (specify below)	
	2 Sewer lines3 Watertight sewer lines	7 Pit privy8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage			
	4 Lateral lines 5 Cess pool	9 Feedyard10 Livestock pens	14 Abandoned water v15 Oil well/Gas well	vell		
	Direction from well?	How many	feet?			
F	FROM TO	PLUGGING MATERIALS				
	0 30 Beston					
	0 30 1363016	710 Opensory				
7	CONTRACTOR'S OF LANDOW	MED'S CERTIFICATION, This		dan mar invitadiat	ion and was completed on	
	CONTRACTOR'S OF LANDOW (mo/day/year)		and this record is true	e to the best of my k	nowledge and belief.Kansas	
	under					
	by (signature)	Mayo				
ans	STRUCTIONS: Use typewriter or b swers. Send top three copies to Ka	all point ø en. <u>Please press firm</u> insas Department of Health an	<u>nly</u> and <u>print</u> clearly. Pleas nd Environment, Bureau c	se fill in blanks, und of Water. Geology S	Jerline or circle the correct Section, 1000 SW Jackson	
	Ste. 420, Topeka, Kansas 66612-					