			WATER WELL PLUGGING RECO	DRD Form WWC-5P KSA	A 82a-1212 ID NO		
1 LO	CATION OF W	VATER WELL:	Fraction	Section Number	Township Number	Range Numbe	
County:	RUSSEL	11.	SE"SW" SE"	79	153	12 W	
Distance	and direction	from nearest town or	r city street address of well if lo	• • •			
1 1 1 1		4 mi. E. of INER: NCKA	Milberger, Ks on	Michaelis Kd.			
FIR #, City, S	St. Address, E State, ZIP Cod	Box #: 1391 IRON te : MCDHERSO	WHORSE RD. Board of Agriculture, Division of Water Resources Application Number:				
	RK WELL'S LO	DCATION WITH	4 DEPTH OF WELL18				
	N		WELL'S STATIC WATER	WELL'S STATIC WATER LEVEL			
			WELL WAS USED AS:				
	- N W	N E	1 Domestic	5 Public Water Supply			
w			2 Irrigation 3 Feedlot	Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well			
W	T		4 Industrial	8 Air Conditioning	12 Other		
	-s w —	S E	Was a chemical / bacterio			No	
		X	Water Well Disinfected: Ye	,			
	s		Water Water	75			
		CASING USED:					
1 Ste 2 PV		MP (SR) 5 Wro BS 6 Asb	ought 7 Fiberglas pestos-Cement 8 Concrete		pelow)		
Blank	k casing diam	neter2 in.	Was casing pulled?	Yes No	If yes, how much		
	JT PLUG MA		t cement 2 Cement grout		er NATIVE SOLL		
1 1	I PLUG MA Plug Interva		t cement 2 Cement grout				
	_	st source of possible		100			
1 8	Septic tank Sewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	(6) Other (specif	y below)	
3 V	Vatertight sev	wer lines	8 Sewage lagoon	13 Insecticide storage	•	U(V	
	ateral lines Cess Pool		9 Feedyard10 Livestock pens	14 Abandoned water w15 Oil well/Gas well	vell		
		əli?	•	et?			
FROM	то	T	ING MATERIALS	7			
				-			
0	100	NATIVE SOLA					
10	10	BENTONITE					
10	18	BENTONITE	<u> </u>	_			
				-			
				MUZ		,	
	-			WHELHNO			
	======		This was	_] ••••			
CONTE	IACTOR'S (/day/year)	SP LANDOWNER'S	S CERTIFICATION: This wa	ater well was plugged u and this record is true to the	nder my jurisdiction and he best of my knowledge a	i was completed and belief Kansas	
Water W	ell Contractor	's License No 🕰under the by	7 siness name of GLOCORE	This Wate	r Well Record was complete	d on (mo/day/year)	
by (sign	ature)	Lec BUI					
			·				

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.