			WAT	ER WELL PLUGGIN	G RECORD	Form	WWC-5P KSA	32a-1212	ID NO		
1 LOCAT	ION OF WATE	R WELL:	F	raction	s	ection	Number	Township	Number	Range	Number
County:	Saline	<u>ا</u>	N	E14 NE 14 NO	E 1/4	2		15	<u>-</u> S	3	W
			n or city	street address of	well if located	within	city?	<del></del>			
						<u>د ک</u>		***			
2 WATER	Address, Box #	Steve	ens (	Contracto	1-5			<b>5</b> 1 (-14)			
RR #, St. City, Stat	Address, Box # e, ZIP Code	Sali	or h	s. 6740	7		rd of Agriculture, I lication Number:	DIVISION OF WE	ter Hesource	S	
1 1	WELL'S LOCAT		4	DEPTH OF WEL							
	N	30X.		WELL'S STATIC	WATER LEV	EL	4 ft.				
		7		WELL WAS USE	D AS:						
	w —	N E		1 Domest			olic Water Supply	•	9 Dewat		
w			_	2 Irrigatio 3 Feedlot		7 Dor	Field Water Sup nestic (Lawn &			on Well	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			E	4 Industria			Conditioning				•-
s	Was a chemical / bacteriological sample submitted to Department? Yes										
	Water Well Disinfected: Yes No										
	S					,		·			
Ш	OF BLANK CAS			_							
1 Stee 2 PVC			Wroug Asbes	ht 7 tos-Cement 8			Other (Specify				•••••
Blank ( Casing	casing diamet height above	ter	in. Ind surfa	Was casing p	ulled? Y in,		No			uch <i>501</i>	
6 GROUT	PLUG MATE		Neat c		ent grout	3 Be	ntonite 4 Of	ther Hole	Plug	<i></i>	
Grout I	Plug Intervals	: From	50 3a	nd -Grave	ft., F	rom	hole plu	ft	From	2 to	ft
t .	s the nearest	source of po		nd Grave contamination: 6 Seepage pit	•		uel storage		Other (sn	ecify below)	
2 Sewer lines				7 Pit privy	_	12 F	ertilizer storage	•			••••
3 Watertight sewer lines 4 Lateral lines				8 Sewage lagoo 9 Feedyard		14 A	nsecticide storag	r well			
5 C	ess Pool tion from well	Fac	L	10 Livestock pen			Dil well/Gas well				
Direct	tion from well	1? .C.M.3.7		Ho	w many fee	1? <b>G</b> 7	<i></i>	•••••			
FROM	TO	F	LUGGII	NG MATERIALS		-					
0	5	Dirt	n.			-					
5	19	Hole	Plu	9		-					
19	50	Sand		Giravel		-					
						-					
on (mo	/day/year) Vell Contractor	's License No	fl.ä.,	CERTIFICATION	Λ	and thi	s record is true : TMS V	to the best o Vater Well Re	f my knowle coza was con	dge and belief apleted on (mo/	. Kansas day/year)
	nature)			Order			<i>O</i> *			•••••	•••••

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.