WATER WELL PLUGGING RECORD  Form WWC-5P  KSA 82a-12I2  ID NO.

1 LOCATION OF WATER WELL:  
County: Barton  
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner’s address, check here ☑

2 WATER WELL OWNER: Jack Willenberg  
RR#, St. Address, Box #: 1371 NE 190 Rd  
City, State ZIP Code: Claflin, KS 67525

3 MARK WELL’S LOCATION WITH AN “X” IN SECTION BOX:

4 DEPTH OF WELL 21 ft.  
WELL’S STATIC WATER LEVEL  9 ft. from top

5 TYPE OF BLANK CASING USED:

6 GROUT PLUG MATERIAL:

7 CONTRACTOR’S OR LANDOWNER’S CERTIFICATION:  
This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/14/2023 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  
by (signature)  
Send one white copy to Kansas Department of Health & Environment, Geology Section, 300 SW Jackson St., Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
Telephone 785-296-5524.

KSA82a-12I2  Revised 1/20/2015