	WATER WELL PLUGGING RE	ECORD Form WWC-5P	KSA 82a-1212 ID N	O		
1 LOCATION OF WATER WELL:	Fraction SE	Section Number	Township Number	Range N	umber	
County: Barton	\frac{1}{4} \frac{1}{4} \frac{1}{4}	22	16	15	E/W	
Distance and direction from nearest town or city street address of well if located within city?						
485 Brack St - Galatia, KS						
2 WATER WELL OWNER: Dennis Funk						
RR #, St. Address, Box #: 485 Brack St. Board of Agriculture, Division of Water Resources City, State, ZIP Code : 600 10 +500 10 St. Application Number:						
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	36 tt				
AN "X" IN SECTION BOX:	WELL'S STATIC WATE	R LEVEL <b>2.6</b> ft.				
N N	WELL WAS USED AS:					
NW NE	1 Domestic	5 Public Water Supply	9 Dewateri	ng		
	2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G		9		
W E	4 Industrial	8 Air Conditioning	12 Other			
SW X SE	Was a chemical / bacteriological sample submitted to Department? Yes					
	Water Well Disinfected: Yes No					
S	vvater vveii Disiniected: Ye	es No				
5 TYPE OF BLANK CASING USED:						
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 .5 in. Was casing pulled? Yes No If yes, how much						
Casing height above of below land surface .72. Floor of Well P;+						
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines	<ul><li>6 Seepage pit</li><li>7 Pit privy</li></ul>	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>	16 Other (spe	cify below)		
Watertight sewer lines     Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage				
5 Cess pool	10 Livestock pens	15 Oil well/Gas well				
Direction from well?						
FROM TO PL	UGGING MATERIALS					
36' 1'6" Rentar	ite Powder	<u> </u>	_	2	1	
1'6" B' Don+	rement -	Represen	ts Bottom D	B PIT	}	
(Pit Dug Out & Backhillad)						
-Pit Plugging.	- Backfilling	· /				
6' D' Compa	ited Spil					
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on						
(mo/day/year)						
by (signature) Densie I Junk						
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send ton three copies to Kansas Department of Health and Environment. Bureau of Water Geology Section, 1000 SW, Jackson						

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.