				·	VATER WELL PLUGGING RE	CORD F	orm WWC-5P	KSA 82a-	1212 ID N	O. NO TA	.G	
1	LOCATION	OF WATE	R WELL:	\top	Fraction	Section	Number	Township	Number	Range	Number	
 Cou	nty: Scott			S	W 14 SW 14 SW 14	18		18	3	32	ΕW	
Distance and direction from nearest town or city street address of well if located within city?												
	SE Corner of Main & 3rd, Scott City, KS											
2	WATER WELL OWNER: Robinson Oil											
	RR #, St. Address, Box #: City State 7IP Code Garden City, KS 67846 Application Number:											
—т	City, State, ZII	Code	: Garde	T			ication Number	r:				
3	MARK WELL AN "X" IN SE				4 DEPTH OF WELL ft.							
	AN A IN OL	N	30A.		WELL'S STATIC WATER	R LEVEL	ft.					
					WELL WAS USED AS:							
-	NW	_	- NE		1 Domestic		Water Supply		9 Dewateri	ng		
					2 Irrigation 3 Feedlot		eld Water Supp estic (Lawn & G		10 Monitorin	ig Well MIV Well	V-2	
W				E	4 Industrial		onditioning	,	12 Other			
	Was a chemical / bacteriological sample submitted to Department? Yes											
	SW SE If yes, mo/day/yr sample was submitted											
		s			Water Well Disinfected: Ye	s No	· /					
- т												
5												
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile												
			or below land		Was casing pulled?	Yes in.	No .	I	f yes, how mu	ch		
6	GROUT PLU	IG MATE	RIAL: 1	Nea	at cement 2 Cement grou	ut 3 Ber	ntonite 4 (Other				
	Grout Plug I	ntervals:	From	.4	ft. to ft.,	From			., From		o ft.	
	What is the	nearest s	ource of poss	ible (contamination:							
	1 Septic tank2 Sewer lines				6 Seepage pit 7 Pit privy		l storage		16 Other (specify below)			
	3 Watertight sewer lines				8 Sewage lagoon	13 Inse	13 Insecticide storage					
	4 Lateral lines 5 Cess pool				9 Feedyard 10 Livestock pens		indoned water well well/Gas well					
	Direction from well?				•							
	Direction in	mii wen:					••••••	•••••••				
FROM TO F			PLU	GGING MATERIALS								
() 4		native soi	1								
. 4	1	35.24	bentonite									
-												
_												
<u> </u>		_										
7	CONTRAC	TOR'S	OF LANDOV	VNE	R'S CERTIFICATION: This	water well	was plugged	under my	jurisdiction a	ind was co	mpleted on	
(mo/day/year)											no/day/year)	
	by (signatu	re)	unde	r the	business name of	MILCO.	Layironmen	tal Services	inc.			
										o or sizele	the servest	
					point pen. <u>Please press fir</u> as Department of Health a							

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