	WATER WELL PLUGGING RE	ECORD Form WWC-5P	KSA 82a-1212 ID N	NO
LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
ounty: Scott	SW 14 SW 14 SW 14	18	18	32 EW
istance and direction from nearest town or		ated within city?		
SE Corner of Main & 3rd, Scott Cit	ty, KS			<u>'</u>
WATER WELL OWNER: Pat's Si				
RR #, St. Address, Box #: P O Box Andove	x 609 er, KS 67002		, Division of Water Resour	ces
City, State, ZIP Code .	142	Application Number		
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				
N	WELL'S STATIC WATE	R LEVEL ft.		
	WELL WAS USED AS:			
NE NE	1 Domestic	5 Public Water Supply 6 Oil Field Water Supp	9 Dewater	ing ng Well OB-1
	2 Irrigation 3 Feedlot	7 Domestic (Lawn & G	arden) 11 njection	Well
N	4 Industrial	8 Air Conditioning	12 Other	
SW SE	Was a chemical / bacteriolog	gical sample submitted to De	partment? Yes	No
		s submitted	•••••	
S	Water Well Disinfected: Ye	s No		
TYPE OF BLANK CASING USED:				
	Vrought 7 Fibergla	ass 9 Other (Specify b	elow)	
	sbestos-Cement 8 Concre			
Blank casing diameterin. Casing height above or below land s	Was casing pulled?		If yes, how mi	uch
	Neat cement 2 Cement grow 4 to142.50 ft.		Other ft., From	
What is the nearest source of possib	ole contamination:	_		
1 Septic tank2 Sewer lines	6 Seepage pit7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (sp	ecify below)
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		·
4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	14 Abandoned water15 Oil well/Gas well	well	
Direction from well?	How many	feet?	**********	
				
FROM TO F	PLUGGING MATERIALS			
0 4 native soil				
4 142.50 bentonite				
	· were			
		-		
7 CONTRACTOR'S OF LANDOW (mo/day/year)		and this record is tru	e to the best of my know	edge and belief. Kansas
Water Well Contractor's License No	the business name of	This Wa	ater Well Record was con tal Services Inc.	npleted on (mo/day/year)
by (signature)				
INSTRUCTIONS: Use typewriter or b	all point pen. Please press fir	miy and print clearly. Plea	ase fill in blanks, underli	ne or circle the correct
answers. Send top three copies to Ka	ansas Department of Health a	and Environment, Bureau	of Water, Geology Sect Vell Owner and retain or	ion, 1000 SW Jackson