				WATER WELL PLUGGING R	ECORD F	orm WWC-5P	KSA 82a-1	212 ID N	o. 00387	83	
1	LOCAT	ION OF WAT	TER WELL:	Fraction	Section	Number	Township	Number	Range	Number	
County: Greeley				NE 14 NE 14 NE 14	25		18S		41	E/W	
Distance and direction from nearest town or city street address of well if located within city?											
1.5 miles west of Tribune on Highway 96											
2	RR #, St. Address, Box #: City, State, ZIP Code: RR #1 Box 145 Tribune, KS 67879 MW2 Application Number: Board of Agriculture, Division of Water Resources Application Number:										
3		WELL'S LOC	CATION WITH	4 DEPTH OF WELLO9 . 30 ft.							
	N			WELL'S STATIC WATER LEVEL 103.45 ft.							
	NW			WELL WAS USED AS:							
				1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well MW-2							
w			E	3 Feedlot	7 Dome	estic (Lawn & G		11 Injection	Well		
"				4 Industrial	8 Air Ce	onditioning		12 Other			
-	SW SE			Was a chemical / bacteriological sample submitted to Department? Yes							
L		S		Water Well Disinfected: Ye	es No	oX					
TYPE OF BLANK CACING LIGED											
1 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											
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other										
What is the nearest source of possible contamination:											
	1 Septic tank			6 Seepage pit	TT Fue	Fuel storage 16 Other (specify below)					
	2 Sewer lines3 Watertight sewer lines			7 Pit privy8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage						
	4 Lateral lines 5 Cess pool		9 Feedyard 10 Livestock pens	14 Aba	14 Abandoned water well 15 Oil well/Gas well						
Direction from well? NE											
	Directi	on nom weir	(A) A/	How many		لد	•••••				
FROM TO PI			PL	UGGING MATERIALS							
0	0 3 Native s		soil								
3		109	Volclay	20-30% solids							
			Bentonit	e Grout							
7	7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION. This was a series of the se										
	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)										
	water well Contractor's License No										
	by (sig	nature)	- PI-	7				-, 21.0.			
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, Geology Section, 1000 SW Jackson											

answers. Send top 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.