Form WWC-5P

KSA 82a-1212

ID NO. MW10

1 LOCATION OF WATER WELL:				Fraction	Section Number		Township Number		Range	Number		
County: MIIIDS				NOW SW	24				20	EW		
Distance and direction from nearest town or city street address of well if located within city?												
Intersection of highway 383 + County Rd. 531												
2												
	RR #, St. Address, Box #: POPOX 30 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Long Sand (Solution Number:											
3		MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			depth of Well							
w	N NE NE			7	WELL'S STATIC WATE		2.: 1. ft.					
					1 Domestic		c Water Supply		9 Dewater	ina		
		J NE			2 Irrigation	6 Oil F	ield Water Supp	oly	40 Monitorii	ng Well		
					3 Feedlot 4 Industrial		estic (Lawn & G onditioning	iarden)	11 Injection 12 Other			
					Was a chemical / bacteriolo	ogical sample	submitted to De	enartment? Y	'es	No ×		
	SW SE				If yes, mo/day/yr sample w	as submitted						
	S				Water Well Disinfected: Yes No							
_	TVDE OF DIANK CACING HOFD.											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)												
OVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile												
Blank casing diameter												
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other												
Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromft., Fromft.												
What is the nearest source of possible contamination:												
1 Septic tank 2 Sewer lines					6 Seepage pit7 Pit privy		11 Fuel storage 16 Other (specify below) 12 Fertilizer storage					
Watertight sewer lines Lateral lines					8 Sewage lagoon9 Feedyard		13 Insecticide storage 14 Abandoned water well					
		ess pool			10 Livestock pens 15 Oil well/Gas well							
Direction from well? How many feet?												
	FROM	то		PLI	JGGING MATERIALS							
	0	2	$\langle \gamma \rangle$; [
Z IL Dan			<u> </u>	mite								
		45	tory	/()	OVITIC							
_												
_												
	Τ											
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas												
Water Well Contractor's License No												
	by (sig	nature)	WOO		Mun							
	INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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											
1					1		,	,	0,			

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