	WATER WELL PLUGGING RI	ECORD Form WWC-5P	KSA 82a-1212 ID N	O
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Republic	NW14 14 14	3	(3 🔊
Distance and direction from nearest to	8-	ated within city?		
1/2 mile west of 170 and Ash Rd. Southside of road				
2 WATER WELL OWNER:	Fraley Farms In			
RR #, St. Address, Box #: City, State, ZIP Code : Chester, NE 6831 Board of Agriculture, Division of Water Resources Application Number:				
MARK WELL'S LOCATION WIT	TH 4 DEPTH OF WELL	A > (1)		
N	— WELL'S STATIC WATER	R LEVEL		
	WELL WAS USED AS:			
NW NE -		5 Public Water Supply	9 Dewaterin	
	2 Irrigation 3 Feedlot	6 Oil Field Water Suppl7 Domestic (Lawn & Ga		
W	E 4 Industrial	8 Air Conditioning	12 Other	
SW ————————————————————————————————————	Was a chemical / bacteriolog	gical sample submitted to De	partment? Yes N	10
S	Water Well Disinfected: Ye	es No		
5 TYPE OF BLANK CASING USE	ED:	YURANIA A		
1 Stock 3 RMP (SR)	5 Wrought 7 Fibergla	ass 9 Other (Specify be	elow)	
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter				
Casing height above or below	land surface	in.		
6 GROUT PLUG MATERIAL:	1 Neat cement 2 Cement grou		other	
_	rom	Fromft. to	ft., From	to ft
What is the nearest source of p		44 Final atomore	10. Other (200	-:
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (spec	In pelow
3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage14 Abandoned water w	المر	ŕ
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	- Cil	
Direction from well?				
FROM TO	PLUGGING MATERIALS			
7 10 0	pSoil	TATION Million additional		
1 12 BC	ntonite			
15 900 30	10501)			
200 229 Cr	avel Clorox			
7 CONTRACTOR'S OF LAND	OWNER'S CERTIFICATION: This	water well was plugged	under my jurisdiction ar	nd was completed on
Water Well Contractor's License	No.	This Wat	er Well Record was comp	leted on (mo/day/year)
by (signature)	No. der the business name et	This bot due,		
INSTRUCTIONS: Use typewriter	or ball point pen. Please press firr	nly and print clearly. Pleas	se fill in blanks, underline	or circle the correct
answers. Send top three copies to St., Ste. 420, Topeka, Kansas 666	o Kansas Department of Health ar 312-1367. Telephone: 785/296-55:	nd Environment, Bureau o 22. Send one to Water We	f Water, Geology Section oll Owner and retain one	n, 1000 SW Jackson e for your records.