		WATER WELL PLUGGING RE	CORD Form WWC-5P	KSA 82a-1212 ID NO	O	
1 L	OCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County:	Rice	MAF MNE MUE	34	20	8 €€	
	e and direction from nearest town o		ed within city?			
0	ME MILE EAST OF	Hwy 14 And S	wth 250 FT.	on West Side	of The Road	
2 V	WATER WELL OWNER: Zimn	ns Fredlot				
RI	R #, St. Address, Box #: 165	he. R ing KS. 67519	Application Number	e, Division of Water Resource r:	es	
3 1	MARK WELL'S LOCATION WITH	DEPTH OF WELL	18ft 31n. ft			
	AN "X" IN SECTION BOX:	WELL'S STATIC WATER	WELL'S STATIC WATER LEVEL 16ft ft. 3"			
	N N	WELL WAS USED AS:				
	Allar Alla	1 Domestic	5 Public Water Supply	0. Dowatarir		
	NE NE	2 Irrigation	6 Oil Field Water Supp	oly 10 Monitoring	g Well	
w		3 Feedlot 4 Industrial	7 Domestic (Lawn & G 8 Air Conditioning	,	Veli	
		- maasinai	_			
	swse	Was a chemical / bacteriologi	/as a chemical / bacteriological sample submitted to Department? Yes			
L	S	Water Well Disinfected: Yes	No X ,			
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
		•	t 8 Concrete Tile			
E	Blank casing diameter in.	n. Was casing pulled? Yes X No If yes, how much				
(Casing height above or below land	surface				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From					to ft.	
٧	What is the nearest source of possit	ple contamination:		Į.		
1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (spec	ify below)	
3 Watertight sewer lines		8 Sewage lagoon	13 Insecticide storage			
4 Lateral lines 5 Cess pool		9 Feedyard O ivestock pens	14 Abandoned water v 15 Oil well/Gas well	well		
	Direction from well? west	How many fe	- C2			
FROM TO PL		PLUGGING MATERIALS				
2051	t 3H. 3/8" ber	1 1/ 1 / 1				
NO!		stonife holeply	19			
	Hydreal	ted every aft.				
	back t	o sunface		PEC	ENCO	
				REC	EIVED	
				NOV 1	6 2004	
				BUREAU	OF WATER	
(r V	CONTRACTOR'S OF LANDOWN mo/day/year)	2 2, 2004	and this record is tru-	e to the best of my knowled	ge and belief. Kansas	
	- Journ	all point pan Disease sees "	he and must also the Direct	an fill in blanks		
answe	UCTIONS: Use typewriter or bars. Send top three copies to Ka	all point pen. <u>Please press firm</u> nsas Department of Health and	ıy and <u>print</u> clearly. Plea d Environment. Bureau d	se fill in blanks, underline of Water, Geology Section	or circle the correct n. 1000 SW Jackson	
	e. 420, Topeka, Kansas 66612-					