	New		
~	180. 1. 4		

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.\_\_\_\_\_

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number				
Cot	unty: Pawnee	SW4 SW4SE 4SE	32	21 S	16 €₩				
Distance and direction from nearest town or city street address of well if located within city?  Main & 2nd - Larned									
2 WATER WELL OWNER:									
	Constant Oil RR #, St. Address, Box #: 112 Main Street Board of Agriculture, Division of Water Resources								
3	City, State, ZIP Code : Larned, KS 67550 Application Number:  3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 214								
	AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL .1.8 1.4. ft.							
		WELL WAS USED AS:							
w	NW NE	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; Ga</li><li>8 Air Conditioning</li></ul>	arden) 11 Injection	ng Well				
	SW SE SE		gical sample submitted to De		vo <b>X</b>				
	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)  2 VC 4 ABS 6 Asbestos-Cement 8 Concrete Tile									
Blank casing diameter2 in. Was casing pulled? YesX No If yes, how much 1.5 £									
6		eat cement 2 Cement grou		Other					
	Grout Plug Intervals: From  What is the nearest source of possible	.20 ft. to0 ft., e contamination:	Fromft. to	ft., From	to ft.				
	1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (spec	cify below)				
	<ul><li>3 Watertight sewer lines</li><li>4 Lateral lines</li><li>5 Cess pool</li></ul>	8 Sewage lagoon 9 Feedyard 10 Livestock pens	<ul><li>13 Insecticide storage</li><li>14 Abandoned water w</li><li>15 Oil well/Gas well</li></ul>	vell					
Direction from well? .ImmediateDomain How many feet?									
FROM TO PLUGGING MATERIALS									
0	) 20 Bentoni	te							
<del></del>									
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) .4-12-05									
by (signature)									
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 St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.									
7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									