			WATE	R WELL PLUGGING R	ECORD Form	WWC-5P	KSA 82a-1	212 ID N	0		
1 LOCATION OF WATER WELL:			Fra	ction	Section No	umber	Township	Number	Range	Number	
County: Pawnee			NE 1/2	SE 1/4 SE 1/4	32		21		16	E(W)	
Distance and direction from nearest town or city street address of well if located within city?											
103 E. 3rd, Larned											
2 WATER WELL OWNER: Pawnee County Coop											
RR #, St. Address, Box #: 103 E. 3rd Street City, State, ZIP Code : Larned, KS 67550 Board of Agriculture, Division of Water Resources Application Number:											
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4	4 DEPTH OF WELL 17 ft.							
N				WELL'S STATIC WATER LEVEL							
				WELL WAS USED AS:							
NV	IW NE			1 Domestic 5 Public Water Supply 9 Dewatering							
				2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well							
w			Ε	4 Industrial	8 Air Condition		il don'y	Other S.V.	É		
Was a chemical / bacteriological sample submitted to Department? Yes								No			
if yes, mo/day/yr sample was submitted											
Water Well Disinfected: Yes No											
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)											
● PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											
Blank casing diameter2 in. Was casing pulled? Yes No											
CROUT RUIC MATERIAL: 1 Next coment 2 Cement grout A Rentonite A Other Native soil											
Grout Plug Intervals: From											
What is the nearest source of possible contamination:											
1 Septic tank 6 Seepage pit						age	16	Other (spe	cify below)		
2 Sewer lines				Pit privy	12 Fertilizer						
Watertight sewer lines Lateral lines				Sewage lagoon Feedyard		13 Insecticide storage 14 Abandoned water well					
5 Cess pool				Livestock pens	15 Oil well/G	15 Oil well/Gas well					
Directi	on from well?			How many	feet?						
FROM	то	F	PLUGGIN	IG MATERIALS							
0	0 4 Native soil				SVE	SVE13					
4											
					GeoC	Core #1278	3				
					KDHI	E #U1 073	00061				
		<u> </u>									
7 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											
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct											
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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.