WA	TER WELL	. PLUGGI	NG RECORD Form	n WWC-5P KS/	4 82a-1212	ID No. MW-	
	OF WATER	WELL:	Fraction	Sec	tion Number	Township Number	Range Number
ounty: PA	wnee		58 % SE	% SE %	28	21	19 <b>%</b> W
istance an	d direction	from near	est town or city street add	ress of well if located	within city?		
WATER W	ÆLL OWNE	R: Do!	Shank Box 27	"The Sto	e" Rozel	Kら of Agriculture, Division	n of Water Resources
itv. State.	ZIP Code	": Bu	det, KS 6752	3	Applic	ation Number:	
MARK WE	LL'S LOCAT	TON WITH		<i>5</i> 3			
	N				•		
×			WELL'S STATIC W	ATER LEVEL			
N	w	NE	WELL WAS USED	A8:			
<b>i</b> i		i	1 Domestic			9 Dewater	_
w		<u></u>	g 2 Irrigation 3 Feedlot		Vater Supply Garden (domesi	(10 Monitori tic) 11 Injection	•
1		1 1	4 Industrial				
s	w	\$E	iátos o chamicol/hactari	iological sample automitt	ed to Densitmen	nt? Yes	
		1 /	If yes, mo/day/yr sample	e was submitted	a w Dopers		
L		X	Water Well Disinfected:				
TYPE OF	8 BLANK CA	SING USE				· · · · · · · · · · · · · · · · · · ·	
1 Steel		3 RMP (8	R) 5 Wrought	7 Fiberglass	9 Other (	specify below)	
2 PVC	)	4 ABC	5 Asbestos-Cemer in. Was casing pulled?	nt 8 Concrete Tile			
Blank cas	ing diameter	*********	in. Was casing pulled?	Yes No	If yes, how r	much	
Casing he	eight above o	or below lar	d surface	ln.			
2000 T	DI LIG MAT	EDIAL	Neat coment 2 Cement	/2 Dominule	4 04		
What is	the nearest o	-	ft. toft				
1 Septic tank			6 Seepage pit			18 Other (specify	below)
2 Sewer Moss 3 Watertight sewer lines			8 Sewage lagoon	7 Pit privy 12 Fertilizer str 8 Sewage leggon 13 insecticide:			0116
4 Lateral lines			9 Feedyard				
	s Pool		10 Livestock pens	15 Oil well G			
Direction fro	m well?			How many feet?			
FROM	то	CODE		ING MATERIALS			
0	3	3333	Native oack	~			
3 53		Bentonite					
			Dento MI.				
		<del> </del>	The state of the s				
	<del></del>	<del>  -</del>			<b>,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I				
7 CON	TRACTOR'	8 OR LAN	DOWNER'S GERTIFICATION	ON: This water well wa	s plugged unde	r my jurisdiction and wa	s completed
<u></u>	mo/day/yr)		106-8124/06			ne best of my knowledg	-
Wat	er Well Cor	tractor's	Joense No.		This Water W	eli Record was comple	ted on (mo/day/yr)
			under the business	s name of $Bla$	estem E	Equinonmental 2	ngincenny
by	(signature)	/	Mile Ht				
INST	RUCTION	S: Please	fill in blanks and circle t	he correct answers.	Send three c	opies to Kansas Dep	artment of Health and
Envir	onment, B	ureau of	Water, 1000 S W Jackso	n St., Ste. 420, Top	eka, Kansas 6	36620-0001. Telepho	ne: 785-296-3565.
	OHE TO WE	TOL AAGII	Owner and retain one for	your records.			