	WATER WELL PLUGGING HI	ECORD FORM WWC-5P	NOA 028-1212 ID N	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Mcthers on	DU Su 14 14	26	21	2 •w
Distance and direction from nearest town or city street address of well if located within city?				
410 S. Schnist Moundkidge Ki				
2 WATER WELL OWNER: AN NEW FELD				
Popul of Advisor Popul De 122				
Oity, State, 211 Gode . The Land Report of the Control of the Cont				
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	<b>2.3</b> ft.		
AN "X" IN SECTION BOX:	BOX: WELL'S STATIC WATER LEVEL ft.			
N T	WELL WAS USED AS:			
	WELL WAS USED AS:			
NW NE	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supp</li></ul>		•
	3 Feedlot	Domestic (Lawn & G		•
W E	4 Industrial	8 Air Conditioning	12 Other	
	Was a chemical / bacteriolog	gical sample submitted to De	epartment? Yes	No.
SW SE If yes, mo/day/yr sample was submitted				
	Water Well Disinfected: Ye	es <b>X</b> No		
S				
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)				
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter in. Was casing pulled? Yes No				
Casing height above or below land surface				
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
What is the nearest source of possible		44 5 -1 -1	40.00	<b>"</b>
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>	16 Other (spe	city below)
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		
4 Lateral lines 5 Cess pool	<ul><li>9 Feedyard</li><li>10 Livestock pens</li></ul>	<ul><li>14 Abandoned water v</li><li>15 Oil well/Gas well</li></ul>	vell	
Direction from well? WEST	How many	feet? 7.5		
Direction from well:				
FROM TO PL	UGGING MATERIALS			
0 2 Ton S.	. ]			
7 77 D 1	L.			
23 DE 2700	TE			
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on				
Water Well Contractor's License No				
(mo/day/year)				
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 66612-13				