			WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1	212 ID N	0	
1 LOCAT	ION OF WATE	R WELL:	Fraction	Section Number	Township	Number	Range	Number
County: Ha	milton		1/4 1/4 1/4	316	21		39	₽Ŵ
		nearest town or	city street address of well if loc	ated within city?				
		706	-1 p.l.					
2 WATER	R WELL OWN	ER: PN 12-	il Kingy					
	. Address, Box te, ZIP Code	(#: ≥ 50) : ≤ 4	il Riley x 14) macuse 1 KS 678	Poard of Agriculture Application Numbe	e, Division of W er:	ater Resourc	es	
	WELL'S LOCA	J	4 DEPTH OF WELL	fo ft.				
	IN SECTION		WELL'S STATIC WATE	R LEVEL ft.				
	N		WELL WAS USED AS:					
NW			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		E	4 Industrial	8 Air Conditioning	aurdon,	,		
sw	,	- SE		gical sample submitted to D		s I	No	
			If yes, mo/day/yr sample was submitted					
S			Water Well Disinfected: Yes. No					
5 TYPE	OF BLANK CA	SING USED:						
			ought 7 Fibergl		below)			
2 PVC		L	bestos-Cement 8 Concre					
			Was casing pulled?		lf If	yes, now mu	ch	
6 GROU	T PLUG MATE	RIAL: (1 N	leat cement 2 Cement gro	ut 3 Bentonite 4	Other		~	
!	Plug Intervals:		7 ft. to ft	, Fromft.	to .1.4 ft.	From	2.4 to 9	2.7 ft
	eptic tank	ource of possible	e contamination: 6 Seepage pit 11 Fuel storage 16 Other (specify below)				cify below)	
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 12 Fertilizer storage			•		
4 Lateral lines			9 Feedyard	13 Insecticide storage 14 Abandone wate	well			
	ess pool	East	10 Livestock pens	15 Oil well/Gas well				
Direct	ion from well?		How many	/ reet? /	•••••			
FROM	то	Pl	LUGGING MATERIALS					
140'	60'	sand						
60'	59'	dirt/	Clay					
59'	54'	Superg	el bentonite					
54'	14'	DIRT/	Play					
141	9'	Supir a	al bantonite					
9'	4'	cement	<u>t</u>					
4'	0	DIRT/	Clay					
7 CONT	RACTOR'S	OF LANDOWN	ER'S CERTIFICATION: Thi	s water well was plugged	d under my ju	urisdiction a	ind was com	pleted on
Water	Well Contractor	's License No	ne business name of	This W	ater Well Reco	ord was com	pleted on (mo	/day/year)
by (sig	nature)		Milal	Smile	Contra	lev		
			point pen. <u>Please press fi</u>			ıks, underlir	e or circle th	ne correct
			sas Department of Health a 367. Telephone: 785/296-5					