					WATER WELL PLUGGING R	ECORD For	rm WWC-5P	KSA 82a-1	212 ID N	0			
1	LOCATION OF WATER WELL:			Fraction	Section Number		Township Number		Range Number		per		
County: Pawnee					¼ NC ¾ SW ¼	11		22		19 XEW		XEXW	
Dist	ance and	direction fro	m nearest town	or c	ity street address of well if loc	ated within city?			_				
3 South, 3/4 East of Rozel													
2	RR 1. Box 26												
		. Address, I te, ZIP Cod	BOX #: Dogg		Ks. 67574 Board of Agriculture, Division of Water Resources Application Number: 35,949								
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF WELL								
		Ņ		_	WELL'S STATIC WATER LEVEL								
i					WELL WAS USED AS:								
	NW	,	NE	-	1 Domestic	5 Public \	Water Supply		9 Dewateri	ng			
			1		2 Irrigation		d Water Suppl		10 Monitorin				
w		-		E	3 Feedlot 4 Industrial	8 Air Con	tic (Lawn & Ga ditioning	irden)	11 Injection 12 Other				
							-						
Was a chemical / bacteriological sample submitted to Department If yes, mo/day/yr sample was submitted									s 1	NoX			
L		S		1	Water Well Disinfected: YesX No								
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													
Casing height above or below land surface12 in.													
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other													
What is the nearest source of possible contamination:													
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)													
2 Sewer lines					7 Pit privy	12 Fertili	12 Fertilizer storage None						
3 Watertight sewer lines 4 Lateral lines					8 Sewage lagoon9 Feedyard		13 Insecticide storage 14 Abandoned water well						
5 Cess pool					10 Livestock pens		ell/Gas well	Oil					
	Directi	on from we	ll?		How many	feet?							
	FROM	то		PL	JGGING MATERIALS								
147 65 Clorinat		ate	ed gravel										
65		0	Cement		3-111-1-1								
			Cement										
-													
7	CONT	RACTOR'S	SOE LANDON	WNE	R'S CERTIFICATION: This	s water well v	vas plugged	under my ju	risdiction a	ind was comp	lete	d on	
	Water V	ıy/year) Vell <u>C</u> ontrac	ctor's License No)	R'S CERTIFICATION: This 134 business name of Rose	and this	record is true This Wat	er Well Reco	or my knowle ord was comi	eage and belie pleted on (mo/	ı. Kaı day/v	nsas /ear)	
	7	-25-06	unde	r th	business name of Ro.S.	encrantz-	Bemis					······′	
by (signature)													
IN an	STRUCTI swers. Se	ONS: Use	typewriter or ee copies to k	ball (ans	point pen. <u>Please press fir</u> as Department of Health a	mly and print and Environme	clearly. Pleas ent, Bureau o	se fill in blan f Water, Ge	ks, underlin ology Sectio	e or circle the	cor	rect son	

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.