				WATER WELL PLUG	GING R	ECORD Form WV	VC-5P KSA	82a-1212 ID N	10	
1	LOCAT	ION OF WAT	TER WELL:	Fraction		Section Numb	per Towns	hip Number	Range Number	
Cot	ınty: ${\cal H}$	arvey		NEA NWA NI	الم	17	T-	22 - S	R-2-	W EM
Distance and direction from nearest town or city street address of well if located within city?										
73/4 miles west of Hesston										
2	WATER	R WELL OWN	NER: Shaur	Ortman						
RR #, St. Address, Box #: 15235 Dutch Avenue City, State, ZIP Code: Moundrize KS 67107  Board of Agriculture, Division of Water Resources Application Number:										
3	WINTER VELLO LOCATION WITH									
	AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL						
	NW NE			WELL WAS USED AS:						
				1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring V 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Wei				ina		
								ng Well		
w			E	4 Industr		8 Air Conditioni				
	1			Was a chemical / bacteriological sample submitted to Department? Yes						
	SW SE			If yes, mo/day/yr sample was submitted						
	S			Water Well Disinfected: Yes No						
_	TYPE OF BLANK CACING LIGED.									
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										
6	GROU <sup>*</sup>	T PLUG MAT	ERIAL: 1 Ne	eat cement 2 Cer	ment gro	ut 3 Bentonite	4 Other			
Grout Plug Intervals: From										
What is the nearest source of possible contamination:										
1 Septic tank 2 Sewer lines				6 Seepage pit 7 Pit privy		11 Fuel storage 12 Fertilizer sto		16 Other (specify below)		
3 Watertight sewer lines			8 Sewage lagoon		13 Insecticide s	storage				
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens		15 Oil well/Gas	15 Oil well/Gas well				
	Directi	on from well'	, well wa	s in the PH	ow many	feet?				
	FROM	то	PL	JGGING MATERIALS	3					
l										
	20'	22' 3'	Course Bento							
40' 22' 3'		0'	Soil	NITE						
	2		50ic	MARKET CO						
7	(mo/da Water V	ıy/year) Nell Contracto	or's License No	R'S CERTIFICATIO		and this recore T	d is true to the t	pest of my knowle	edge and belief	. Kansas dav/vear)
	by (sig	nature)	Share	business name of						
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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										

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.