				WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212 ID N	10	
1	1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
Col	County: Reno			SWSE SW	10	22	7 6	
Distance and direction from nearest town or city street address of well if located within city?								
4 North Nickerson St Post Office MWI								
2	WATE	R WELL OWN	IER: Day	whitney				
		t. Address, Boate, ZIP Code			Board of Agriculture Application Number	e, Division of Water Resour	ces	
3			ATION WITH	4 DEPTH OF WELL 1t.				
		'IN SECTION		WELL'S STATIC WATER LEVEL 10.43 ft.				
		N N		WELL WAS USED AS				
	NV	N	- NE	1 Domestic	5 Public Water Supply	9 Dewater	ina	
		V		2 Irrigation	6 Oil Field Water Supp	oly	ng Well	
w			———E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G8 Air Conditioning		weii	
	Was a chemical / bacteriological sample submitted to Department? Yes						No λ	
	SW —— SE —— If yes, mo/day/yr sample was submitted							
Water Well Disinfected: Yes NoX								
TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)								
ZPVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
Blank casing diameter								
CROUT BLUC MATERIAL: 1 Next coment 2 Coment grout 2 Pentonite 4 Other								
Grout Plug Intervals: From								
What is the nearest source of possible			source of possibl					
	1 Septic tank2 Sewer lines			6 Seepage pit 11 Fuel storage 7 Pit privy 12 Fertilizer stora		16 Other (spe	ecity below)	
	3 Watertight sewer lines4 Lateral lines			8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well				
	5 Cess pool			10 Livestock pens	15 Oil well/Gas well			
Direction from well? How many feet?								
FROM TO F		LUGGING MATERIALS						
	\bigcirc	3	Soil					
	3	20	Seal					
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed of								
(mo/day/year)								
by (signature) under the business name of Lavsen + Associates, Inc.								
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct								
				⊮point pen. <u>Please press fir</u> isas Department of Health a				
	St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.							