Form WWC-5P

KSA 82a-1212 ID NO. 18, 950

1	LOCAT	TION OF WAT	TER WELL:		Fraction NW NE NE	Section Number	Township Number	Range Number	
Cou	County: Keno				14 14 14	2	22	7 _{E/W}	
Distance and direction from nearest town or city street address of well if located within city?									
2	WATER WELL OWNER: Mike Harrison BB # St Address Box #: 11014 W. 95 +h Board of Agriculture Division of Water Resources								
City, State, ZIP Code: Nickerson, Ks 4756/ Application Number: 18, 950									
3	MARK	WELL'S LOC	CATION WITH		4 DEPTH OF WELL 4.5 ft.				
	AN "X" IN SECTION BOX:				WELL'S STATIC WATER LEVEL9 ft.				
ſ	N X			1	WELL WAS USED AS:				
	NV	,	NE		1 Domestic	5 Public Water Supply	9 Dewater	ina	
		'	INE.		2 Irrigation	6 Oil Field Water Suppl	ly 10 Monitorii	ng Well	
w				E	3 Feedlot 4 Industrial	7 Domestic (Lawn & Ga 8 Air Conditioning		Well	
						· ·			
SW SE Was a chemical / bacteriological sample submitted to Department? Yes							No		
'		S		j	Water Well Disinfected: Ye	es . No			
5	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									
6	CROUT BLUC MATERIAL. 1 Next correct 2 Correct crost 2 Parterity 4 Other Hale Place								
	Grout Plug Intervals: From 6 to 8 ft., From 8 ft. to 24 ft., From 24 to 45 ft								
What is the nearest source of possible contamination: Hole Plug Sand								Sand	
1 Septic tank					6 Seepage pit	11 Fuel storage	16 Other (specify below)		
		ewer lines /atertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage	NONE		
	4 La	ateral lines			9 Feedyard	14 Abandoned water w	14 Abandoned water well		
5 Cess pool 10 Livestock pens 15 Oil well/Gas well									
Direction from well? How many feet?									
FROM TO PLU					UGGING MATERIALS				
0 8 Jap Dai				ر د (; /				
	1110		1						
8		24	Hale	<i>T 1</i>	ug				
	24	45	Sand	<u></u>					

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)									
(mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of Research Bernies Contractor's License No. by (signature)									
	by (sig	nature)	under	the	Dadsan	ereusky Derne	2.00.		
INIC									
	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 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.