		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 IE	NO. MW3
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	r Range Number
Cou	inty: Reno	NW4 NW4 NE4	17	235	5
	tance and direction from nearest town or				
	1905	E 4th Hut	chinson iks		
2	WATER WELL OWNER: Pic. Q				
_	RR #, St. Address, Box #: 1905	EHR		, Division of Water Reso	urces
	City, State, ZIP Code : MJ#	N; KSON, KS 16 /301	Application Number	:	
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	'	WELL'S STATIC WATER LEVEL 1531.09 ft.		
w	N N				
		WELL WAS USED AS: 1 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			
	NW NE				
		4 Industrial	8 Air Conditioning		
	SW	Was a chemical / bacteriological sample submitted to Department? Yes			
L	S				
5	TYPE OF BLANK CASING USED:				
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)				
	(2)PVC 4 ABS 6 A	sbestos-Cement 8 Concre	te Tile		
	Blank casing diameter 2.00 in. Casing height above of below land s	Was casing pulled?		If yes, how r	much
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From					to f
What is the nearest source of poss				no cifu bolow)	
	1 Septic tank2 Sewer lines	6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage	LUS	T
	3 Watertight sewer lines4 Lateral lines	8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water w	vell	
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
	Direction from well?	How many	feet?33		
FROM TO PLUGGING MATERIALS					
0 15.6 20-300		On Callinhanh	1 .		
	0 15.6 20-30	To Solie bentoni	Le		
	> 1111y	gow with 15.4			
	feeto	reidulled of	setore		
	giordi	\$			
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was composed (mo/day/year)					
	Water Well Contractor's License No	594	This Wat	er Well Record was co	mpleted on (mo/day/year)
	by (signature)	he business name of	CALLED TO STATE OF SELECT		
INS	STRUCTIONS: Use typewriter or ba	l point pen. Please press fire	mly and print clearly. Pleas	se fill in blanks. under	line or circle the correct
ans	swers. Send top three copies to Kar	nsas Department of Health a	nd Environment, Bureau o	f Water, Geology Sec	tion, 1000 SW Jackson
St.	, Ste. 420, Topeka, Kansas 66612-1	367. Telephone: 785/296-55	22. Send one to Water We	ell Owner and retain o	one for your records.