		WATER WELL PLUGGING RE	ECORD Form W	/WC-5P KSA 82a-1	212 ID N	003	47266	
1	LOCATION OF WATER WELL:	Fraction	Section Nur	nber Township	Number	Range	Number	
CO	unty: Reno	NW4 NE 4 NE 14	18	23	S	5	EØ	
	stance and direction from nearest town or 123 E 41h Street	city street address of well if loca		7501				
2	WATER WELL OWNER: Keuir		<u>, </u>		· · · · · · · · · · · · · · · · · · ·			
	RR #, St. Address, Box #: P.O. B City, State, ZIP Code : Hutch	ox 1303 uson KS 6750		griculture, Division of V Number:	/ater Resourc	es		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL WELL'S STATIC WATE	78					
	N X	WELL WAS USED AS:						
w	NW	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Wate 6 Oil Field Wa 7 Domestic (L 8 Air Conditio	iter Supply awn & Garden)	9 Dewaterin 10 Monitorin 11 Injection 12 Other	g Well Well		
٠	SW — SE — SE — S	Was a chemical / bacteriologif yes, mo/day/yr sample wa Water Well Disinfected: Ye	s submitted	•				
5	5 TYPE OF BLANK CASING USED:							
		rought 7 Fiberglasbestos-Cement 8 Concre	uss 9 Other (S	Specify below)	***************************************			
	Blank casing diameter2 in. Casing height above or below land s	Was casing pulled?	YesX	No If	yes, how mu	ch3 `		
6	Grout Plug Intervals: From	Neat cement 2 Cement ground 2) 4 Otherft. toft.			ft.	
	What is the nearest source of possib 1 Septic tank	le contamination: 6 Seepage pit	11 Fuel stora	Fuel storage 16 Other (specify below)			:	
	2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer s	storage		•		
	4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	14 Abandone	d water well				
	Direction from well?	• -	feet??					
· ·	FROM TO P	UGGING MATERIALS						
		10 011						
		Material						
	10/41102							
				•				
	·							
7	CONTRACTOR'S OF LANDOWN (mo/day/year) 4-2-07. Water Well Contractor's License No	ER'S CERTIFICATION: This	water well was	plugged under my j ord is true to the best This Water Well Rec	urisdiction a of my knowle ord was com	nd was co edge and be pleted on (m	mpleted on lief. Kansas no/day/year)	
	by (signature)	ne dusiness name of	M.F.A.S.A.CA	ELELERISE.	•••••			

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.