	WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	0
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: RENO	NEW NE 14 SE 14	20	23 <sup>9</sup>	5 €@
Distance and direction from nearest town or		ated within city?		
1415 SOUTH HA				
2 WATER WELL OWNER: Westa				
RR #, St. Address, Box #: Po B X City, State, ZIP Code : \$18 Ka	ansas Auc, Topoka	KS 660 Application Number	, Division of Water Resource:	es
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	<b>9.3</b> ft.		
AN "X" IN SECTION BOX:	WELL'S STATIC WATE	ER LEVEL		
	WELL WAS USED AS:			
NW NE	1 Domestic	5 Public Water Supply		9
	2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li></ul>		
W	4 Industrial	8 Air Conditioning	12 Other	
SW ————————————————————————————————————		ogical sample submitted to De		No
il yes, mo/day/yr sample was submitted				
S	Water Well Disinfected: Y	es No		
5 TYPE OF BLANK CASING USED:				
1_Steel 3 RMP (SR) 5 W	rought 7 Fibergi			
Blank casing diameter	Was casing pulled?		If yes, how mu	ch
Casing height above or below land s	urface34	in.	min if yes, now mu	011
0	leat cement 2 Cement gro		Other	
	O ft. to 23 ft	., Fromft. to	o ft., From	to f
What is the nearest source of possible		11 Fuel steress	16 Other (one	oifu bolow)
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>		CITY DEIOW)
3 Watertight sewer lines 4 Lateral lines	<ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>	<ul><li>13 Insecticide storage</li><li>14 Abandoned water</li></ul>		
5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well? West	How man	y feet? /0.0		
FROM TO P	LUGGING MATERIALS			
0 23 Ceme	- 4 0 - 4			
e as Leme	nt grout			
7 CONTRACTOR'S OF LANDOWN (mo/day/year)	ER'S CERTIFICATION: Th	is water well was plugged and this record is tru	I under my jurisdiction a ie to the best of my knowle	and was completed on edge and belief. Kansas
Water Well Contractor's License No	he business name of Call	This Wa	ater Well Record was com	pleted on (mo/day/year)
by (signature) Bollow	TOLLES TATTE OF STATE	and the second s	(c. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
INSTRUCTIONS: Use typewriter or ba	Il point pen. Please press fi	rmly and print clearly. Plea	ase fill in blanks, underlir	ne or circle the correct
answers. Send top three copies to Kar St., Ste. 420, Topeka, Kansas 66612-1	nsas Department of Health	and Environment, Bureau	of Water, Geology Section	on, 1000 SW Jackson