| | | | | | WATER WELL PLUGGING R | ECORD | Form WWC-5P | KSA 82a-1 | 212 ID N | 0 | | |
|---|--|-----------------------|--------------|------------------|--|----------------|---|-----------------|----------|-------|---------|--|
| 1 | LOCAT | CATION OF WATER WELL: | | | Fraction | Section Number | | Township Number | | Range | Number | |
| | County: Reno | | | | 14 14NE 14 | 1 | 7 | Z3 | 5 | 5 | | |
| | tance and o | lirection from | hearest town | or ci Sh | ty street address of well if loca crman St. 9 | ated within ci | t West | of Tou |)n St. | | | |
| 2 | 2 WATER WELL OWNER: A DM Grain | | | | | | | | | | | |
| RR #, St. Address, Box #: 816 N. Halstend City, State, ZIP Code : Hutchingen, K. 6750 Board of Agriculture, Division of Water Resources Application Number: | | | | | | | | | | | | |
| 3 | | | ATION WITH | | 4 DEPTH OF WELL ft. | | | | | | | |
| W | AN "X" IN SECTION BOX: | | | | WELL'S STATIC WATER LEVEL ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 9 Dewatering 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other Was a chemical / bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted No Water Well Disinfected: Yes | | | | | | | |
| 5 | 5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) | | | | | | | | | | | |
| 6 | 2 VC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter in. Was casing pulled? Yes No If yes, how much 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other 6 Grout Plug Intervals: From ft. to ft. From ft. 7 Vhat is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) | | | | | | | | | | | |
| | 2 Sewer lines 3 Watertight sewer lines | | | | 7 Pit privy 8 Sewage lagoon | 12 Fe | 12 Fertilizer storage | | | | | |
| | 4 Lateral lines 5 Cess pool | | | | 9 Feedyard 10 Livestock pens | 14 Ab | 14 Abandoned water well 15 Oil well/Gas well | | | | | |
| | Directi | on from well? | | | How many | r feet? | | | | | | |
| FROM TO PI | | | PL | JGGING MATERIALS | | | | | | | | |
| | 0 1 1 | | Tu | [up soil | | | | | | | | |
| 1 | | 15 | Ben | te | nife | | | | | | | |
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| 7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | | | | | | | |
| | | | | + | | | | | | | · · · . | |
| 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. | | | | | | | | | | | | |

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