	WATER WELL PLUGGING RECO	ORD Form	n WWC-5P	KSA	82a-1212	ID NO			
ATER WELL:	Fraction	Section	Numbe	r	Township	Number	Range	Number	

ГТ		1	T		T
1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Reno		NWA NEW NEW	/	23	6 W
Distance and direction from	n nearest town o	r city street address of well if le	ocated within city?		
			5 in Hutchi	4116	
2 WATER WELL OWNER	R: Con	nmerce Ban,	K		
RR #, St. Address, Box	#: /6/		Board of Agriculture,	Division of Water Resource	s
City, State, ZIP Code	: Hux	ch, KS 67502			
3 MARK WELL'S LOCA AN "X" IN SECTION			3.2 ft		
N		WELL'S STATIC WATER	R LEVEL ft.		
X		WELL WAS USED AS:			
N W	N E	1 Domestic	5 Public Water Supp	ly 9 Dewat	ering
	1	2 Irrigation	6 Oil Field Water Su	pply 10 Monito	oring Well
w		3 Feedlot 4 Industrial	Domestic (Lawn & Air Conditioning		on Well
		Was a shaminal / baston	riological sample submitte	d to Donartmant2Vos	No. J
s w	— S E —	If yes, mo/day/yr samp	ole was submitted		140 25
		Water Well Disinfected:	Yes X No		
S		water well distillected.	162 .Z NO		
5 TYPE OF BLANK CA	SING USED:				
1 Steel 3 RM	P (SR) 5 W	rought 7 Fibero	alass 9 Other (Specify	v below)	
②PVC 4 AB		sbestos-Cement 8 Concre	ete Tile	, 	
Blank casing diame	eter6 in.	Was casing pulled?		∴ If yes, how m	uch
		surface3.6		· · · · · · · · · · · · · · · · · · ·	
6 GROUT PLUG MAT		eat cement 2 Cement gro	_	Other	
Grout Plug Interval	s: From	ft. to	., From ft. to	ft., From	to f
What is the neares	t source of poss				
1 Septic tank 2 Sewer lines		6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (sp	Decity below)
3 Watertight sewer lines		8 Sewage lagoon	13 Insecticide store	age	
4 Lateral lines 5 Cess Pool		9 Feedyard 10 Livestock pens	14 Abandoned wate		
Direction from we	110 L 1	•	v feet?2.5		
Direction from we	II?	How man		•••••	
FROM TO	PLU	GGING MATERIALS			
3 /9	Bento	n. Ye		RECEIVED	
19 32	Sandel	rite Gruvel	Annual State of Control Contro	VECEIVED	
				AUG 2 0 2004	
				· •	
				REAU OF WATER	
		, ,			
7 CONTRACTOR'S	OR LANDOWN	ER'S CERTIFICATION: Tr	———I nis water well was plugge	ed under my jurisdiction	n and was completed
on (mo/day/year)	6-23	-04 VV7	and this record is true	to the best of my knowle	dge and belief. Kansas
6-27-0	under th	e business name of	Her Drilling	f	
by (signature)	-null	5			
INSTRUCTIONS: Use	typewriter or b	all point pen. Please press	firmly and print clearly. Ple	ase fill in blanks, underli	ne or circle the correct

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.