WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212 ID NO.00071255

1 LOC/	ATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: R	eno	SEN NEN NWA	1	23	6_ EW	
Distance and direction from nearest town or city street address of well if located within city?						
2617 N. Main Hutchinson KS 67502						
2 WATER WELL OWNER: TOE DIL						
RR #, St. Address, Box #: P.O. Box 1303  Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : Hutchinson KS 67504 Application Number:						
	K WELL'S LOCATION WITH (" IN SECTION BOX:	4 DEPTH OF WELL	ft.			
WELL'S STATIC WATER LEVEL						
		WELL WAS USED AS:	•		•	
N	W X NE	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supp</li></ul>			
w	E	3 Feedlot	7 Domestic (Lawn & G	arden) 11 Injection	Well	
**		4 Industrial	8 Air Conditioning	12 Other		
SW SE Was a chemical / bacteriological sample submitted to Department? Yes						
If yes, mo/day/yr sample was submitted						
. L	S	Water Well Disinfected: Y	es NoX			
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter						
Casing height above or below land surface in.						
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentohite 4 Other						
Grout Plug Intervals: From						
1 Septic tank 6 Seepage pit (11) Fuel storage 16 Other (specify below)						
2 Sewer lines 7 Pit privy			12 Fertilizer storage	12 Fertilizer storage		
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well						
5 0	Cess pool	10 Livestock pens	15 Oil well/Gas well			
Direction from well?						
FROM TO PLUGGING MATERIALS						
7 (1)						
24	3 Benton	ite Chips				
<u>3'</u>		Material				
<del></del>						
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Well Contractor's License No.  This Water Well Record was completed on (mo/day/year)  5-16-0-7 under the business name of Green Field Contractor's						
by (signature) Same Passament of Green Field Contractors						
	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.