			WATER WELL PLUGGING F	RECORD Form WWC-5F	P KSA 82a-1212 ID N	10 MW-4	
1 LOCA	ATION OF WAT	ER WELL:	Fraction	Section Number	Township Number	Range Number	
County:	Reno	)	SE%NE %SW %	14	235	6 ERV	
			r city street address of well if loo	cated within city?		LO EN	
			e Mutchin		esas		
			use Plow Cor				
RR #, St. Address, Box #: P. O. BOX 2707  City, State, ZIP Code : Hutchinson KS U 7504  Board of Agriculture, Division of Water Resources  Application Number:							
	K WELL'S LOC		4 DEPTH OF WELL 14, SO ft.				
1	" IN SECTION		'	WELL'S STATIC WATER LEVEL 7, 75 ft.			
	N		WELL WAS USED AS:				
					·		
N	W	- NE	1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply (10) Monitoring Well				
w			3 Feedlot				
4 modestrial to Air Conditioning 12 Other						_	
——s	SW SE Was a chemical / bacteriological sample submitted to Department? Yes						
	Water Well Disinfected: Yes No						
	S		Water Well Districted.	95Y			
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							
OROUT BUILD MATERIAL							
Grout Plug Intervals: From							
1 Septic tank			6 Seepage pit	11 Fuel storage	16 Other (spe	cify below)	
2 Sewer lines			7 Pit privy	12 Fertilizer storage		• •	
<ul><li>3 Watertight sewer lines</li><li>4 Lateral lines</li></ul>			<ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>	<ul><li>13 Insecticide storage</li><li>14 Abandoned water</li></ul>	well tormer	ust Basin	
5 Cess pool 10 Livestock pens 15 Oil well/Gas well 0 305 M On FO e  Direction from well? Northeast How many feet? 100							
Direct	tion from well?	northe	How many	feet? 16	<u>O</u>		
FROM	то	P	LUGGING MATERIALS				
3	14,30	Bento	ry'tr.				
0.5	0.5 3 tops		soil				
0	0.5	Con	crete				
			,				
7 CONT	BACTORIS C	TE LANDOWN	EDIS CERTIFICATION: This	water well was slugger	t under my jurisdiation o	nd was completed as	
(mo/da	ay/year)	F LANDOWN	ER'S CERTIFICATION: This	and this record is tru	ie to the best of my knowle	dge and belief. Kansas	
Water \	Well Contractor'	s License No under th	pe business name of	Erracon C	ater Well Record was comp	leted on (mo/day/year)	
by (sig	gnature)	Son K					

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.