				'	NATER WELL PLUGGING RE	ECORD F	Form WWC-5P	KSA 82a-1212 ID	NO	
1	1 LOCATION OF WATER WELL:				Fraction	Section Number		Township Number	Range Number	
County: Edwards					NW 4 SE 4 SW 4	20		24	16 K /W	
Dista	nce and	direction fron	nearest towr		y street address of well if loca	ted within cit	y?			
½ West of Belpre										
Palomino Petroleum 4924 SE 84th										
	RR #, S1	. Address, B	ox #: Newto		Ks. 67114			N3234 , Division of Water Reso	urces	
	City, Sta	te, ZIP Code	:				ication Number	20060155		
3			CATION WITH		4 DEPTH OF WELL 7.5 ft.					
	AN "X" IN SECTION BOX:				WELL'S STATIC WATER LEVEL34. ft.					
]	WELL WAS USED AS:					
	NW				1 Domestic 5 Public Water Supply 9 Dewatering					
					2 Irrigation 6 Oil Field Water Supply 10 Monitoring We					
w_				E	3 Feedlot		estic (Lawn & G	arden) 11 Injection	on Well	
''					4 Industrial	8 Air Co	onditioning	12 Other		
	Was a chemical / bacteriological sample submitted to Department? Yes									
L]	Water Well Disinfected: Yes	sHTH No)			
		S								
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										
Casing height above or below land surface										
6										
Grout Plug Intervals: From										
What 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 Fertilizer storage None			
4 Lateral lines					9 Feedyard		14 Abandoned water well			
5 Cess pool 10 Livestock pens 15 Oil well/Gas well										
Direction from well? How many feet?										
FROM TO PL					GGING MATERIALS					
	75	5	Hole p	lug						
	5	3	Cement							
	3	0	Top XX	SO.	1					
			100 22	. 30.	L.L.					
7 CONTRACTORIO OF LANDOUNIERIO OFFICIONE TO										
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										
	by (sig	nature) C	unde	r the	business name ofKOS	encrant	4- ¤emis			
			•							
INST	RUCTION	ONS: Use t	ypewriter or	ball p	oint pen. <u>Please press firm</u>	nly and prin	t clearly. Pleas	se fill in blanks, underl	ine 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.										