				WATER WELL PLUGGING RECO	ORD Form V	VWC-5P KS	SA 82a-1212	ID NO		
1 LO	CATION OF W	ATER WELL:	<del></del>	· Fraction	Section	Number	Township	Number	Range	Numbe
County:	Edw	ards		NE 4NO4 NE4	33		24	5	190	( <b>.</b> .
Distance	and direction		town o	r city street address of well if lo		city?				
RR #,	ER WELL OW St. Address, B State, ZIP Cod	Box #:	ves 20.	tern Resources, Box 889	Board	of Agriculture ation Number:	, Division of Wa	ter Resources	3	
1 - 1	RK WELL'S LO 'X" IN SECTIO N		! <b>*</b>	DEPTH OF WELL WELL'S STATIC WATER		) ft.				
	N W	X		WELL WAS USED AS:						
w	N W		E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6. Oil Fie 7. Dome	: Water Supp eld Water Sup stic (Lawn & nditioning	pply Garden)	9 Dewater Monitori Injection 12 Other	ng Well	
	S W S E			Was a chemical / bacteriological sample submitted to Department?Yes						
5 TYPE	S OF BLANK C	ASING USED	<u> </u> :		****			<del>~~</del>		
J 1 Ste <i>(3</i> ) PV	eel 3 Ri 'C 4 Al		5 Wro	ought 7 Fiberglas estos-Cement 8 Concrete		her (Specify			•••••	
Blank Casin	casing diam g height abo	ve or below I	in. and s	Was casing pulled?	Yes	. No	If ye	es, how mucl	h	•••••••••••••••••••••••••••••••••••••••
1	T PLUG MAT			t cement 2 Cement grout	3 Bentor		herft.,			f
		st source of p	oossibl	e contamination:						
1 Septic tank 2 Sewer lines			6 Seepage pit 7 Pit privy	11 Fuel 12 Fertil	storage izer storage	(16)	Other (speci	fy below)		
3 Watertight sewer lines			8 Sewage lagoon	13 Insec	ticide storag	е			••••	
	4 Lateral lines 5 Cess Pool			9 Feedyard 10 Livestock pens		doned water ell/Gas well	well			
Direc	tion from we	li?	•••••	How many fe	et?					
FROM	FROM TO PLUGG			ING MATERIALS	7					
$\overline{}$	0 10 8"3		13	entra: Le						
10	15	3"	B	entanik						
			<u></u>	The state of the s	-					
		·	M	41س						٠.
on (mo/ Water W 	/day/year) /ell Contractor ろつなつ	's License No under	بردی the bu	S CERTIFICATION: This w	and this reco	ord is true to This Wat <u>ervicoo</u> ,	the best of my ter Weil Record	knowledge was complete	and belief. I ed on (mo/da 	Kansas ny/year)
inswers. S	end top thre	e copies to	Kans	oint pen. <u>Please press firmly</u> as Department of Health a Well Owner and retain one fo	nd Environn	nent, Bureat	fill in blanks, u of Water, To	underline or opeka, Kans	circle the c sas 66620-	correct -0001.