			WATER WELL PLUGGING RECO	RD Form WWC-5P KS.	A 82a-1212 ID NO	
1 LOC	CATION OF WA	ATER WELL:	· Fraction	Section Number	Township Number	Range Numbe
County: Edurards			NW4 NE 1/4 SE 1/4	33	245	1940
Distance a	and direction f	rom nearest town o	or city street address of well if lo			
RR #, :	ER WELL OWN St. Address, Bo State, ZIP Code	x # Rout		<i>J</i> ,	Division of Water Resources	
-	RK WELL'S LOC 'X" IN SECTION	CATION WITH	DEPTH OF WELL			-
	N I	<del></del>	WELL'S STATIC WATER	LEVEL		
	N W	N E	WELL WAS USED AS:	5 Public Water Suppl	y 9_ Dewater	ring
w		X	2 Irrigation 3 Feedlot 4 Industrial	6. Oil Field Water Sup 7 Domestic (Lawn & 8 Air Conditioning	oply 10 Monitoria Garden) 11 Injection	ng Well
	sw —	— S E ——	Was a chemical / bacteriol If yes, mo/day/yr sample	was submitted		No. <u>X</u>
L	   s		Water Well Disinfected: Ye	s No		
1 Ste	C 4 AB	IP (SR) 5 Wro S 6 Ast	ought 7 Fiberglas pestos-Cement 8 Concrete		below)	
Blank Casin	casing diame g height abov	e or below land s	Was casing pulled? urface in.	Yes No	If yes, how much	1
!	T PLUG MATE			3)Bentonite 4 Ott	nerft., From	
		source of possible				10
1 S	eptic tank		6 Seepage pit	Fuel storage	16 Other (specif	fy below)
2 Sewer lines 3 Watertight sewer lines			<ul><li>7 Pit privy</li><li>8 Sewage lagoon</li></ul>	12 Fertilizer storage	***************************************	***************************************
4 Lateral lines			9 Feedyard	14 Abandoned water		
	ess Pool	S 1	10 Livestock pens	15 Oil well/Gas well		
Direct	tion from well	? -touth	How many fe	et?195		
FROM	то	PLUGG	GING MATERIALS	_		
0	9	8" Be	utorite			
9	20	2"B	eatonite			
				-		
		——————————————————————————————————————	MW-9	-		
		· · · · · · · · · · · · · · · · · · ·				
CONTR on (mo/ Water W	ACTOR'S Olday/year)	R LANDOWNER'S LIST & LICENSE NO	S CERTIFICATION: This wa	I ater well was plugged used this record is true to the street of the st	under my jurisdiction and the best of my knowledge a er Well Record was complete	d was completed and belief. Kansas ad on (mo/day/year)
by (signa	ature)	gl Kall				
nswers. S	end top three	copies to Kans	oint pen. <u>Please press firmly</u> as Department of Health ar	nd Environment, Bureau	fill in blanks, underline or of Water, Topeka, Kans	circle the correct sas 66620-0001.