	WATER WELL PLUGGING RECO	RD Form WWC-5P KSA	82a-1212 ID NO		
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: EDWARDS	SW14 NW 14 NE 14	スス			
Distance and direction from nearest town	or city street address of well if lo	cated within city?	24 .	19 W	
4" and Colony Kinsley	ı Kansas				
RR #, St. Address, Box #: 4th and to	Couperative Exchair Colony Streets Kansas 67547	Board of Agriculture, Application Number:	Division of Water Resource	is	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL1.7	15' t			
N	WELL'S STATIC WATER LEVEL				
NW X NE	WELL WAS USED AS:				
	1 Domestic 2 Irrigation	5 Public Water Suppl 6 Oil Field Water Sup		ering ring Weli	
W	3 Feedlot	7 Domestic (Lawn & Air Conditioning	Garden) 11 injection	nng well	
s ws E	l man a tool too a				
S	Water Well Disinfected: Y	es No			
5 TYPE OF BLANK CASING USED:					
(2)PVC 4 ABS 6 A	rought 7 Fibergia sbestos-Cement 8 Concrete Was casing pulled?	Tile	•		
Casing height above or below land		•	11 yes, now me		
THE STATE OF THE S	eat cement 2 Cement grout Qft. to 17.5' ft	3 Bentonite 4 Ott	her	•••••	
What is the nearest source of possi	ible contamination:	το	tt., From	to ft	
1 Septic tank 2 Sewer lines	6 Seepage pit	(11) Fuel storage	16 Other (spe	ocify helow)	
3 Waterlight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage	************		
4 Lateral lines 5 Cess Pool	9 Feedyard	14 Abandoned water			
Direction from well?	10 Livestock pens	15 Oil well/Gas well eet?120/			
	GGING MATERIALS		······································		
0' 6.5' BENTONITA	€ 8"	-			
6.5' 17.5 BENTONITA				1	
				·	
		_			
		$M \omega A 3$			
CONTRACTOR'S OR LANDOWNE	R'S CERTIFICATION: This	unter well area			
CONTRACTOR'S OR LANDOWNE on (mo/day/year)5/5/2003. Water Well Contractor's License No5/13/2003	77	and this record is true to	under my jurisdiction the best of my knowledge	and was completed le and belief. Kansas	
.5/13/2003under the	Jusiness name of GEOCOR	E INC. This Wa	iter Well Record was comp	leted on (mo/day/year)	
by (signature)		•••••••••••••••••••••••••••••••••••••••		***************************************	

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.