| | WATER WELL PLUGGING RECO | ORD Form WWC-5P KSA 8 | 82a-1212 ID NO | |
|---|--|---|--|---|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: EDWARDS | SW 4 NW 4 NE 4 | <i>3</i> 3 | 24 | 19 W |
| Distance and direction from nearest tow | wn or city street address of well if lo | ocated within city? | ~ 1 | 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| 2 WATER WELL OWNER: KINSE | ts, Kinsley, Kansas y Cooperative Exchan | ž Vač | | |
| 2 WATER WELL OWNER: KINSLE City, State, ZIP Code : KINSLE | Ey, Kansas 67547 | Board of Agriculture, D Application Number: | Division of Water Resource | es |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | DEPTH OF WELL | | | |
| N | WELL'S STATIC WATER | R LEVEL | | |
| | WELL WAS USED AS: | | | |
| N W | 1 Domestic 2 Irrigation | 5 Public Water Supply 6 Oil Field Water Supp | | tering |
| w | 3 Feedlot 4 Industrial | 7 Domestic (Lawn & (8 Air Conditioning | Garden) 11 Injection | on Well |
| S W S E | 4 moustrai | _ | | |
| S W ——— S E —— | If yes, mo/day/yr sampl | iological sample submitted le was submitted | to Department? Yes | No |
| S | Water Well Disinfected: | Yes No | | |
| 5 TYPE OF BLANK CASING USED: | | | | |
| | Wrought 7 Fibergla | (| | |
| Blank casing diameter2 | Asbestos-Cement 8 Concret in. Was casing pulled? | ete Tile | | |
| Casing height above or below la | and surface | Yes | If yes, how mi | uch |
| | Neat cement 2 Cement grou | , | her | |
| | n | , From ft. to | ft., From | to fi |
| What is the nearest source of po | 6 Seepage pit | 1 Fuel storage | 16 Other (sp | solfy halow) |
| 2 Sewer lines 3 Watertight sewer lines | 7 Pit privy 8 Sewage lagoon | 12 Fertilizer storage 13 Insecticide storage | | echy below) |
| 4 Lateral lines 5 Cess Pool | 9 Feedyard 10 Livestock pens | 14 Abandoned water 15 Oil well/Gas well | well | |
| Direction from well? | • | feet?HO | | |
| | PLUGGING MATERIALS | 18611 | •••••••••••••••••••••••••••••••••••••• | |
| - 1 11 1 | ITE 8" | | | |
| , | VITE 2" | | | |
| | 112 ~ | | | |
| | | | | |
| | | | | |
| | | mwA5 | | |

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.