	FCM	9749	WAT	ER WELL PL	UGGING RE	CORD F	orm WWC-5P	KSA 82a-121	2 ID NO	, 57WM	
1	LOCATION OF V	WATER WELL:	Fra	action NI	NE	Section	Number	Township	Number	Range Number	
Coun		iney	14	14 1140	1/4			24-	,		
Dista	nce and direction f	rom nearlest town of	or city str	reet address of		ited within cit	// //	IKS			
2	WATER WELL O		sta	1- Ma Jevada	ガエ	nc #	- 974	1 '''		1-(11/1)	
	RR #, St. Address City, State, ZIP Co	, DUX #. X		•.	10 80	90ろ ^{Boal}	rd of Agriculture lication Number	e, Division of Wate	r Resource	es	
3		OCATION WITH	4	DEPTH OF	WELL	3.90	ft.				
_	N ,			WELL'S STATIC WATER LEVEL							
	NW	X		WELL WAS		5 Publi	c Water Supply	o	Dewaterin	ng.	
w			E	2 Irriga 3 Feed	ation dlot	6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 10 Monitoring Well 11 Injection Well					
**			-	4 Indu	striai	8 Air C	onditioning	12	Other	• • •	
				Was a chemical / bacteriological sample submitted to Department? Yes							
				If yes, mo/day/yr sample was submitted							
L	S		Wa	ater Well Disir	fected: Ye	s N	o `				
5		K CASING USED:									
			Wrought		7 Fibergla		Other (Specify b	elow)			
				s-Cement	8 Concret		<i>r</i>			21	
	•	ameter in bove or below land		_	i	\sim		If ye	s, how muc	.hh	
6	GROUT PLUG MATERIAL: 1 Neat cement 2 cement grout 3 sentonite 4 Other									to f	
	What is the near	est source of possi	ble cont	amination:							
1 Septic tank 2 Sewer lines							1 Julie Land Storage 16 Other (specify below)			• ,	
Sewer lines Watertight sewer lines			8				2 Fertilizer storage				
4 Lateral lines 5 Cess pool				9 Feedyard			4 Abandoned water well 5 Oil well/Gas well				
	,	Nov	JM"	U Livestock p			Well/Gas well				
	Direction from w	vell?(How many	feet?	<u> </u>				
F	вом то		PLUGG	ING MATERIA	ALS						
(7 3	· DON	h 111								
$-\frac{1}{2}$	21 03			<u> </u>							
		590 50	M	nute							
W. 4											
-			<u>-</u>								
	CONTRACTOR (mo/day/year)	'S OF LANDOW	35 876	EBJE 4	ΓΙΟΝ: This					nd was completed on dge and belief. Kansas	
	Water Well Contr	actor's License No.			nia	- MM M	HThis Wa	ater Well Record	was comp	pleted on (mo/day/year)	
	by (signature) .	unger	ine bus	siness name	hain	al A	· · · · · · · · · · · · · · · · · · ·	v:1997, 4	P.) S		
INIC	TRUCTIONS	en typowritor or h	oll poin	ot pap. Place	o proce firm	nly and neit	t cloorly Dis-	oo fill in blanks	undodio	o or girole the serve-t	
ans	wers. Send top t	hree copies to K	ansas E	n pen. <u>Pieas</u> Department d	e press rim of Health ar	<u>ıny</u> and <u>prir</u> nd Environn	<u>u cieany. Piea</u> nent, Bureau	se iii in blanks of Water, Geold	, unaeriine gy Sectio	e or circle the correct n, 1000 SW Jackson	
										e for your records.	