				٧	VATER WELL PLUGGING RI	ECORD	Form WWC-5P	KSA 82a-1	212 ID N	0		
1	LOCATION	ON OF WAT	ER WELL:		Fraction	Section	Number	Township	Number	Range	Number	
County: FINNEY					SE, NE, NW,	25		24		32	E/W	
Distance and direction from nearest town or city street address of well if located within city?												
		<u>.</u>										
2		WELL OWN				_						
		Address, Bo e, ZIP Code)x #: :	_	Board of Agriculture, Division of Water Resources Application Number:							
3			ATION WITH		4 DEPTH OF WELL							
	AN "X" IN SECTION BOX: N				WELL'S STATIC WATER LEVEL							
	NW NE				WELL WAS USED AS:	5 Publ		9 Dewatering				
					3 Feedlot 7 Domestic (Lawn & Garden) 11 Ir					Monitoring Well njection Well		
W				E	4 Industrial 8 Air Conditioning 12 Other							
	SW SE				Was a chemical / bacteriological sample submitted to Department? Yes							
		S			Water Well Disinfected: Yes No							
5 TYPE OF BLANK CASING USED:												
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile												
Blank casing diameter												
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other												
What is the nearest source of possible contamination:												
1 Septic tank 2 Sewer lines					6 Seepage pit 7 Pit privy		11 Fuel storage 16 Other (specify below) 12 Fertilizer storage					
3 Watertight sewer lines				8 Sewage lagoon 9 Feedyard	13 Ins	13 Insecticide storage 14 Abandoned water well						
4 Lateral lines 5 Cess pool					10 Livestock pens 15 Oil well/Gas well							
Direction from well?EAST												
				GGING MATERIALS								
			Well C	AVe	d in at 44'							
441		20'			erial - Sandy	Clay						
20'		_3'_	Cemen	4.		•						
											i	
7 20171200000000000000000000000000000000												
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed of (mo/day/year) . O. J. O.												
water Well Contractor's License No. Water Well Hecord was completed on (mo/day/year by (signature) Water Well Hecord was completed on (mo/day/year by (signature)												
					oint pen. <u>Please press firr</u> s Department of Health a							

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.