					WATER WELL PLUGGING	RECORD	Form WWC-5P	KSA 82a-	1212 ID N	10	
1	LOCAT	ION OF WAT	ER WELL:		Fraction	Section	Number	Township	Number	Range	Number
Cou	ınty: Fir	nney	N	E _{1/4}	NW4 NE4 NW4	1	8	24		32	EW
Distance and direction from nearest town or city street address of well if located within city? 310 W. Kansas Avenue, Garden City, KS											
Condon City Anna											
2	WATER	R WELL OWN			Kansas Avenue						
RR #, St. Address, Box #: Garden City, KS City, State, ZIP Code : Board of Agriculture, Division of Water Resources Application Number:											
3	MARK	WELL'S LOC	ATION WITH		4 DEPTH OF WELL						
	AN "X" IN SECTION BOX:				WELL'S STATIC WATER LEVEL DRY ft.						
		\times \uparrow			WELL WAS USED AS:						
-	NW	NW NE -			1 Domestic		c Water Supply		9 Dewateri		
					2 Irrigation 3 Feedlot		ield Water Supp estic (Lawn & G		✓ Monitorin	ıg Well M∖ Well	W-19
w				E	4 Industrial		onditioning	u. u ,	12 Other		
	 sw	,	SE		Was a chemical / bacteriological sample submitted to Department? Yes						
L		S		ا ل	Water Well Disinfected: Yes No						
5	TYPE OF BLANK CASING USED:										
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											
			ter2 i e orbelowlan		Was casing pulled'		No	If	yes, how mud	ch	
	GROU	T PLUG MAT	ERIAL:	1 Ne	eat cement 2 Cement of	rout 3 Ber	ntonite 4 C)ther	 		
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
What is the nearest source of possible contamination:											
	1 Se	eptic tank			6 Seepage pit						
2 Sewer lines 3 Watertight sewer lines					7 Pit privy 8 Sewage lagoon		12 Fertilizer storage 13 Insecticide storage				
4 Lateral lines					9 Feedyard		14 Abandoned water well				
	5 C	ess pool			10 Livestock pens		well/Gas well				
	Directi	on from well?	·		How ma	any teet?		•••••			
	FROM	то		PLI	UGGING MATERIALS						
	0 3 native soil		il								
	3	54.90	bentonite		11.0						
		-	Dentonic								
					7-49						
7	CONT	PACTOR'S	OF LANDON	WNE	R'S CERTIFICATION: T	ihis water well	was plugged	under my iu	riediction a	nd was oon	mpleted on
Ŀ.	(mo/da	ıy/year) 1	0/16/15			and th	is record is true	to the best of	of my knowle	dge and bel	ief. Kansas
					735 e business name of						
	by (sig	nature)(2 To have	L			•••••		
IN	STRUCTI	ONS: Lise 1	vpewriter or	ball	point pen. Please press	firmly and prin	nt clearly. Pleas	se fill in blan	ks. underline	e or circle to	he correct
					sas Department of Health						

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