			WATER WELL PLUGG	ING RECORD Form WWC-5P	KSA 82a-1212 ID N	10	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: Ken A			SIN NE NE	30	24	4 60	
		nearest town o	r city street address of wel	Il if located within city?			
From	Haven	K5	3 miles 1	Vorth and In	nde West		
2 WATE	ED WELL OWN	ED. L.B.	Shawa Her	- 111			
RR #, :	St. Address, Botate, ZIP Code	ox #: 88 03 Ha sel	BERST Arl	Board of Agriculture Application Numbe	e, Division of Water Resour		
			4 DEPTH OF WEL	سرمع		8	
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL ft.				
	N		WELL'S STATIC				
		¥	WELL WAS USE	:D AS:			
N	w — —	- NE	1 Domestic	5 Public Water Supply 6 Oil Field Water Supp			
144			3 Feedlot	7 Domestic (Lawn & G	Garden) 11 Injection	Well	
W			T Industrial	•			
SW SE Was a chemical / bacteriological sample submitted to Department? Yes							
				•			
	S		Water Well Disinfecte	ed: YesNo			
5 TYPE	OF BLANK C	ASING USED:					
1 Ste			√rought 7 F	Fiberglass 9 Other (Specify b	nelow)		
P PV		` '	•				
Blank	k casing diamet	ter in.	Was casing pul		If yes, how mu	uch	
GBO	UT PLUG MAT		Neat cement		Other		
0	Plug Intervals:		20 ft. to 4	•	o ft., From		
	-		ole contamination:	,	·		
	Septic tank		6 Seepage pit	11 Fuel storage	6 Other (spe	6 other (specify below)	
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage	······································	C-11	
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens	14 Abandoned water 15 Oil well/Gas well	well Open	rield	
	·		•				
Direc	ction from well?		пом	many feet?			
FROM TO F		PLUGGING MATERIALS					
0	4	TOPSOI	-/				
4	20	Came	n.+				
20	55	Sand	944				
		3214					

7 CON	TRACTOR'S	OF LANDOWN	ER'S CERTIFICATION	I: This water well was plugged and this record is tru	d under my jurisdiction a ue to the best of my knowle	and was completed on edge and belief. Kansas	
Water	Well Contracto	r's License No	238	Wenshyer Fr	ater Well Record was com	pleted on (mo/day/year)	
	ignature)		Jumps name of	TO MAKE ING THE TOTAL OF THE TO	,		
INSTRUC	TIONS: Use t	vpewriter or ha	all point pen. Please pre	ess firmly and print clearly. Plea	ase fill in blanks. underlir	ne or circle the correct	
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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.							
St., Ste. 42	20, Topeka, K	ansas 66612-	1367. Telephone: 785/2	96-5522. Send one to Water V	Vell Owner and retain or	e for your records.	