			WA	ATER WELL PLUGGING RE	CORD F	Form WWC-5P	KSA 82a-1212 ID N	Ю	
1 LOCA	TION OF WAT	ER WELL:	F	raction	Section	Number	Township Number	Range	Number
County: Edwards NE ¼ SW ¼ SE¼						5	26	19	9 🕦
		nearest town o		street address of well if loca			£ 48 X		
6 3/4	South o	f Kinsley							
2 WATE	R WELL OWN	ER: City	of H	lays					
$\vdash$	St. Address, Bo	., #. P.O. l	Зох	490	Boa	rd of Agriculture	, Division of Water Resour	ces	
	ate, ZIP Code		Ks.	67601	App	lication Number			
3 MARK	WELL'S LOC	ATION WITH	4	DEPTH OF WELL	113	ft.			
AN "X	" IN SECTION	BOX:		WELL'S STATIC WATE	R LEVEL	53 ft.			
	N			WELL WAS USED AS:					
							2.5		
N'	W — —	— NE —		1 Domestic 2 Irrigation		c Water Supply ield Water Supp			
w			_	3 Feedlot	7 Dome	estic (Lawn & G	arden) 11 Injection	Well	
l vv			≣	4 Industrial	8 Air C	onditioning	12 Other		•••••
	w	_	\	Was a chemical / bacteriolog	gical sample	submitted to De	epartment? Yes	NoX	
		XSE -	1	f yes, mo/day/yr sample wa	s submitted .		········		
	S		\	Water Well Disinfected: Ye	s <u>HTH</u> No	o			
5 TYPE	OF BLANK C	ASING USED:							
1 Ste 2 PV	<u>eel</u> 3 RM C 4 AB		Vroug Asbest	ht 7 Fibergla tos-Cement 8 Concret	- T.	Other (Specify be	elow)		
Blank Casir	casing diame	ter16 in. e or below land	surfac	Was casing pulled? ce12	Yes in.	No .	X If yes, how mu	ıch	
6 GRO	JT PLUG MAT			cement 2 Cement grou	ut 3 Bei	ntonite 4 C	Other		
Grout	Plug Intervals	From .	XX	53 <sub>ft.</sub> to0 ft.	From	ft. to	ft., From	to	
What	is the nearest	source of possil	ole co	ntamination:					
1 Septic tank 6 Seepage pit 2 Sewer lines 7 Pit privy						el storage	16 Other (spe		
1	Sewer lines Watertight sew	er lines		7 Pit privy 8 Sewage lagoon		rtilizer storage ecticide storage	None		
	Lateral lines			9 Feedyard		andoned water v	well		
	Cess pool			10 Livestock pens		well/Gas well			
Direc	tion from well?		•••••	How many	feet?	•••••			
FROM	то		PLUG	GING MATERIALS					
FROM TO 113 53 Chlorina			لممط	1					
			tea	gravei					
53	0	Cement		71					
				200					
	<del> </del>			•					
				***					
7 CON	TRACTOR'S	OF LANDOW	NER'	S CERTIFICATION: This	water well	was plugged	under my jurisdiction a	and was cor	npleted o
Water	Well Contracto	r's License No.	1	S CERTIFICATION: This 34 usiness name of ROSE	and th	, This Wa	e to the best of my knowle iter Well Record was com	pleted on (m	o/day/yea
hv (e	10-13-08	under	the b	usiness name of Rose	ncrantz-	Bemis		,,,,,,,	
				int pen. <u>Please press fir</u> 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.