W.	ATER W	ELL PLU	GGING	RECOR	RD	Fo	rm W	WC-5P)	KSA 82a-1212	2	ID No.		LXVV-0
1 LOCATIO	ON OF WA	TER WEL	L: Fi	raction	**				T	Section Numb	er T	ownship Number	Rang	e Number
County: F	ord			NE	1/4 5	SE	1/4	SW	1/4	26		26 S		25 W
	nd direction 00 West				city stre	eet ad	dress	s of wel	l if loo	cated within city	/?			
2 WATER				Forme		stal N	lart l	No. 25	36					
RR#, St. A				2 Neva								Agriculture, Division	on of Wate	er Resources
City, State	, ZIP Code	e :	UTLI ANI	Colora	ido Sp	rings	s CC	8090)3	Ap	pplication	on Number:		
3 MARK W	ECTION BO	OX:	IIIIAN	4 DEF	TH OF	WELL			30	.6	ft.			
			7	WEI	LL'S STA	ATIC V	NATE	R LEVE	L	Dry	ft.			
1	 w	NE	_	WE	LL WAS	USED	AS:							
	1	į			1 Do	mestic	С	5	Public	Water Supply		9 Dewate		
W	-	_	Е			gation				eld Water Supply		10 Monitor		
		į				edlot dustrial				and Garden (dor onditioning	mestic)	11 Injection		
5	sw	SE								•				
	, X	į	1	If yes m	nemicai/i	bacter	nologii	cai samp e submit	ole sui	отпитес то рерап	ment?	Yes	NO Y	
<u> </u>	S	i		Water W			l:	Yes		No X				
5 TYPE OF														
1 Steel 2 PVC		3 RMP 4 ABC	. ,		rought sbestos-(_	•	9 Oth		• '		
				. Was	casing p	ulled?	Ye	s	No	X If yes, ho	ow much			
1												ground surface		
											_			
								_						
	lug Interval						t. From	m		ft. to	··································	ft. From	ft. to	ft.
1 Sep	tic tank		6	Seepage	nit			11 6	اما دا	orage		16 Other (specify	, below)	
	ver lines			Pit privy	•					er storage		To Other (specify	,	
3 Watertight sewer lines				8 Sewage lagoon				13 Insecticide storage				,		
4 Lateral lines				9 Feedyard				14 Abandoned water well						
5 Ces	s Pool		10	Livestoc	k pens			15 C	Dil wel	I/ Gas well				
Direction fro	m well?							How m	any fe	eet?				
FROM	то	CODE			PL	UGGI	NG M	ATERIA	LS					
0	0.5		Conc	rete	te									
1	30.6		Bento	onite / 5	500 lbs	5								
										7.2.2.				
7 CON	TRACTOR	'S OP 1 A	NDOW	NED'S C	EDTIE	CATIO	NI. TI	hie wat	or we	all was plugged	i 1 undo-	my jurisdiction a	nd was co	mnleted
	no/day/yr)		10000		3-05	JA 110	/(N. 11					st of my knowledg		
1	er Well Co		s Licens				53		41101	,		ecord was complete		
		-11-05			the/bus	tiness			-			nnical Services		
by ((signature			/		11		7 اورا	111		*			
			se fill in	blanke	and cir	rcle th			nswe	rs Send three	conie	s to Kansas Depa	artment of	Health and
Enviro	onment, E	Bureau o	f Water	r, 1000 s	S W Ja	cksor	n St.,	Ste. 4:	20, T	opeka, Kansas	s 66620)-0001. Telephor	ne: 785-2	96-3565.
Send	one to W	ater We	l Owne	er and re	etain on	ne for	your	record	s.			•		