WATER WELL PLUGGING RECORD Form WY	/C-5P KSA 82a-1212 ID NO.
1 LOCATION OF WATER WELL: Fraction	Section Number Township Number Range Number
County: Kearny SE14 1/4 1/4	Global Positioning Systems (GPS) information:
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here	Latitude: (in decimal degrees) Longitude: (in decimal degrees) Elevation: Datum: WGS84, NAD83, NAD27 Collection Method:
2 WATER WELL OWNER: Fred Ritsema RR#, St. Address, Box#: FO Box 3 & 9 City, State ZIP Code: LAKIW K5 67 860	GPS unit (Make/Model:
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 340 ft.	
WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 170 ft	
N WELL WAS USED AS:	
W NE Domestic Irrigation Feedlot Industrial	Public Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Air Conditioning iological sample submitted to Department? Yes No No
5 TYPE OF BLANK CASING USED:	
Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Asbestos-Cement Concrete Tile Blank casing diameter 1 in. Was casing pulled? Yes No If yes, how much 5 feed in ground Casing height above or below land surface in.	
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other (filled will cener foother foother foother filled will cener foother filled will cener fill to fill filled will cener fill to fill to filled will cener fill to fi	
Lateral lines Sewage lagoon Insecticite storage Lateral lines Feedyard Abandoned water well Direction from well?	
Cess pool Livestock pens Oil well/Gas well How many feet?	
FROM TO PLUGGING MATERIALS	FROM TO PLUGGING MATERIALS
170 F 14->acl cenent	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-17-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 11-17 under the business name of LAKIW PAIRy by (signature)	
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html. Check one: White Copy Blue Copy Pink Copy	
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