				WATER WELL PLUGGING RECO	ORD Form WWC-5P KSA	.82a-1212 ID NO		
. T						T	T _	
1	1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
	County: PraH			NE14NE1/4 NW1/4	34	27-5	13-W	
Dis	_	_	m nearest tow	on or city street address of well if I	ocated within city?		VEW #7	
I		16 E	15+	st fratt Ks			VEW # 1	
2		WELL OWNE		KIT 01/ } Gas				
		Address, Box e, ZIP Code	(#: P.O. B : Ki	0x 63 NGMAN KS 670	A continuation blooms on	Division of Water Resource	98	
3		WELL'S LOCA	ATION WITH	4 DEPTH OF WELL	45 ft			
	AN "X" IN SECTION BOX:			WELL'S STATIC WATE	WELL'S STATIC WATER LEVEL ft.			
		×		WELL WAS USED AS:				
	N	w — —	— N E ——	1 Domestic	5 Public Water Supp	oly 9 Dewa	tering	
				2 Irrigation 3 Feedlot	6 Oil Field Water Su 7 Domestic (Lawn &		oring Well on Well	
W				E 4 Industrial	8 Air Conditioning	€ Other	VHOV Extraction	
	s	w	 S E	Was a chemical / bacter	riological sample submitte	ed to Department?Yes	No	
	3			If yes, mo/day/yr sample was submitted				
		s		Water Well Disinfected:	Yes No			
5	TYPE OF BLANK CASING USED:							
	1 Stee	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
	⊘ PVC	4 AE		Asbestos-Cement 8 Concr	. , , .			
			eterve or below l	in. Was casing pulled?		If yes, how m	nuch	
6	GROUT	PLUG MAT	ERIAL:	1 Neat cement ②Cement gro	out 3 Bentonite 4 C	Other 5000 117	Coxerete	
	Grout I	Plug Interva	ls: From	m	., From ft. to	oft., From	/ to © ft	
	What is	s the neares	st source of p	possible contamination:				
		Septic tank		6 Seepage pit	11 Fuel storage	Other (sp		
	2 Sewer lines3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storag13 Insecticide storag	, -	MEL UST	
4 Lateral lines				9 Feedyard	14 Abandoned water	•		
		ess Pool	,	10 Livestock pens	15 Oil well/Gas we			
	Direct	tion from we	ell? .N.o. .?	How mar	y feet?			
	FROM	то		PLUGGING MATERIALS				
	45		CIMEN	+ 600 + W/6% Be	enterits			
		0	LOHER	· f.				
7	CONT	L RACTOR'S	OR LANDO	WNER'S CERTIFICATION: TI	 nis water well was pluggi	ed under my jurisdictio	n and was completed	
	on (mo	/day/year)	4-3	WNER'S CERTIFICATION: TI	and this record is true	to the best of my knowle	edge and belief. Kansas	
				lo5.75			npieted on (mo/day/year)	
		nature)		,				
				or ball point pen. <u>Please press</u> to Kansas Department of Hea				
	TIMES OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDR	ANTERNA TURE III	D 1252 CALADITY	o, oanada denallilen in Fiel			DECEMBER OF STREET	

answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001 Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.