				WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO			
1	LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
County: Kingman				SW SW SW	31	27	7 E/6
Dis		direction from	nearest town or o	city street address of well if loca	•	S 1-	•
A	INVATED	W of		an on 54 H	way North	MID	
_	WATER WELL OWNER: Tand W Meats RR #, St. Address, Box #: 1330 W . D. Ave Board of Agriculture, Division of Water Resources						
		te, ZIP Code	Kmp	aman KS 61068 Application Number:			
3		WELL'S LOC		DEPTH OF WELL			
	N N			WELL'S STATIC WATER LEVEL			
	NW NE E			WELL WAS USED AS:			
				Domestic 2 Irrigation	5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring Well		
w				3 Feedlot 4 Industrial	7 Domestic (Lawn & Garden) 11 Injection Well 8 Air Conditioning 12 Other		
				Was a chemical / bacteriological sample submitted to Department? Yes			
	SW SE			If yes, mo/day/yr sample was submitted			
	X			Water Well Disinfected: YesX No			
_	5 TYPE OF BLANK CASING USED:						
5	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
X PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter in. Was casing pulled? Yes No If yes, how much in. Casing height above or below land surface in.							
CROUT BLUC MATERIAL: 1 Next coment 2 Coment grout & Restarity 4 Other Sand							
Grout Plug Intervals: From							_
What is the nearest source of possible			source of possible				reactay
		eptic tank ewer lines		Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (spe	ecify below)
		tertight sewer lines eral lines		8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water well		
	5 Cess pool			Livestock pens	15 Oil well/Gas well		
Direction from well? East How many feet? 200							
FROM		то	PL	UGGING MATERIALS			
	110	40	<u> </u>	and			
	40	223 3	Ве	ntonite			
	3	0	Re	d clay			
				<i>(</i>			
_							
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
(mo/day/year)							
by (signature) Dr. Canado							
IN	STRUCTI	ONS: Use ty	pewriter or ball	point pen. Please press firm	nly and print clearly. Plea	se fill in blanks, underlir	ne or circle the correct
ar St	swers. Se ., Ste. 420	na top three , Topeka, Ka	copies to Kans 21-13 nsas	as Department of Health ar 67. Telephone: 785/296-55	na ⊨nvironment, Bureau o 22. Send one to Water W	of Water, Geology Section Fell Owner and retain on	on, 1000 SW Jackson e for your records.