	WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	0
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: 5,009	NW WW NA	12	28	17
Distance and direction from nearest town of Lucist of Haviland	r city street address of well if loc	ated within city? 45+ Side OFK	Poad .	
2 WATER WELL OWNER:	MAN GOERT	<i>U</i>		
RR #, St. Address, Box #: City, State, ZIP Code :	; land, 155	Board of Agriculture Application Number	e, Division of Water Resourd	ces
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	R LEVEL NA ft.		
N	WELL WAS USED AS:			
NW NE NE	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply 6 Oil Field Water Supp 7 Domestic (Lawn & G	oly 10 Monitorir Garden) 11 Injection	ng Well Well
	- massinai	8 Air Conditioning	12 Other .	· V
SW —— SE ——	Was a chemical / bacteriological sample submitted to Department? Yes			
·	Water Well Disinfected: Ye	es X No		
5 TYPE OF BLANK CASING USED:				
	Wrought 7 Fibergl	lass 9 Other (Specify b	pelow)	
Blank casing diameter in. Casing height above or below land		Yes No .	X If yes, how mu	ich
	Neat cement 2 Cement gro		Other	
_		., Fromft. t	o ft., From	to f
What is the nearest source of possil  1 Septic tank	ble contamination: 6 Seepage pit	11 Fuel storage	16 Other (spe	ecify below)
Sewer lines     Watertight sewer lines	7 Pit privy 8 Sewage lagoon	<ul><li>12 Fertilizer storage</li><li>13 Insecticide storage</li></ul>		
4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	14 Abandoned water 15 Oil well/Gas well	well	•
Direction from well?	·	12/1/2/100	OnLocation	U
FROM TO	PLUGGING MATERIALS			
3 80 Ben	prite.			
3 0 -100	So; / Sand,	/		
,				
7 CONTRACTOR'S OF LANDOW (mo/day/year)	NEA'S CERTIFICATION: Thi	and this record is tru	d under my jurisdiction a ue to the best of my knowledge with some	edge and belief. Kansas

Water Well Contractor's License No.

by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 785/296-5522. Send one to Water Well Owner and retain one for your records.