| | | WATER ' | | PLUG | GING | RECO | RD | | | FORM WWC-5P | KSA 82a-12 | | |
|------------------------------------------------------|--------------|--------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|-----------------|------------------------|----------|-----------------------------------|----------------------------------------------------------------|----------------------------------------------|--|
| 1 LOCATI | ON OF WAT | TER WELL | .: ∣Fra | action | | | | | | Section Number | Township Number | Range Number | |
| County: I | (iowa | | | SW | 1/4 | NE | 1/4 | SW | 1/4 | 16 | 28 | 18 | |
| Distance a | and directio | n from n | earest t | own o | r city | street a | address | of we | ll if lo | cated within city? | | | |
| RR#, St. A City, State 3 MARK V 3 "X" IN SI | ddress, Bo | Box# 1: de : W DCATON W | 30 SO. ICHIT | DEPTH OF WELL | | | WATER | V0BWS1 30 ATER LEVEL | | | ft. 9 Dewatering 10 Monitoring Well mestic) 11 Injection Well | | |
| | | | | | | | | | | | | | |
| | sw × | SE | 1 | Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted | | | | | | | | | |
| | | Ì | ⊪ yes, i Water ' | Well D | y/yr san isinfecte | ipie was ed: | Submii Yes | ueu | No X | | | | |
| Clarge o | S | | | | | | | | | | | | |
| 1 Stee 2 PVC Blank ca | ; | 3 RMP (4 ABC er | (SR) in. | 6 / Wa | Asbest s casin | os-Cem | ent 8 d? Yes | Conc | rete T | | | | |
| | | | | | | | | | 2 Day | -10-110 4 04 | | | |
| Grout P | | s From _ | | . ft. to | | | | | | | ft. From | | |
| 1 Se | ptic tank | | 6 | Seepa | ge pit | | | 11 1 | Fuels | storage | 16 Other (specify | below) | |
| 2 Sewer lines | | | 7 | 7 Pit privy | | | | 12 Fertilizer storage | | | *** | | |
| 3 Watertight sewer lines | | | | 8 Sewage lagoon | | | | 13 Insecticide storage | | | | | |
| 4 Lateral lines 5 Cess Pool | | | | 9 Feedyard 0 Livestock pens | | | | | | doned water well ell/ Gas well | | | |
| | | | 10 | Livesic | ick pei | 15 | | | | | | | |
| Direction fro | om well? | | | | | | | How n | nany | feet? | | | |
| FROM | TO | CODE | | | | PLUG | GING MA | ATERIA | ALS | | | | |
| 30 | 3 | | BENT | ONIT | NITE | | | | | | | | |
| 3 | 0 | | CEME | | | | | | | | | | |
| | | | | | | | | | | | | | |
| on (| mo/day/yr) | | | 10- | 21-0: | 3 | | and | l this | record is true to the | my jurisdiction and was | e and belief. Kansas | |
| Wat | er Well Co | | Licens | | ـــه. احطاء م | huoine | 554 | • • of | | | ll Record was complet | | |
| b | | 28-03 | 7 | _unae | er the i | ousine: | ss name | e Oi | | | fter Pump and Wel | | |
| 1 | (signature) | 2.51 | Tay (| ·M | ogic | جير | | | | | -i A- Ka Da | | |
| Envir | | ureau of | Water | | | | | | | | | rtment of Health and Vater Well Owner and | |