				WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	10	
1	LOCAT	TION OF WAT	TER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Kiowa				SW14 NE 14 SW14	16	28 S	18E/W	
Distance and direction from nearest town or city street address of well if located within city? 418 W. Kansas St., Greensburg								
2	- Walter Walter Rocking of							
	RR #, S City, Sta	RR #, St. Address, Box #: 13605 W. Maple, Suite 101 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Wichita, KS 67235 Application Number:						
3			CATION WITH		50 ft.			
	AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL				
	NW NE			WELL WAS USED AS:  1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well				
w -			E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G		Well	
Was a chemical / bacteriological sample submitted to Depa						partment? Yes	No	
	SE SE If yes, mo/day/yr sample was submitted							
-								
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  ● PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
Blank casing diameter4 in. Was casing pulled? Yes								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ● Bentonite ● OtherConcrete.& Native soil								
	Grout Plug Intervals: From							
	What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						ecify below)	
	2 Sewer lines			7 Pit privy	12 Fertilizer storage			
	<ul><li>3 Watertight sewer lines</li><li>4 Lateral lines</li></ul>			8 Sewage lagoon 9 Feedyard	<ul><li>13 Insecticide storage</li><li>14 Abandoned water w</li></ul>			
	5 Cess pool			10 Livestock pens	15 Oil well/Gas well			
Direction from well? How many feet?								
F			-	JGGING MATERIALS				
			Concrete		ОВ7		·	
3		50 50	Native soil  Bentonite (4")		KDHE #U1 049	9 13273		
		30	Demonite (4 )		GeoCore #129	0		
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)								
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 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.								