	WATER WELL PL	UGGING RECORD Form	1 WWC-5P KSA 82a-1	212 ID NO	700
1 LOCATION OF WATER County: Haskell	WELL: Fraction	Section Section	Number To	wnship Number	Range Number
	nearest town oncity street address	ss of well if located within 2 M. 175	west of	Satunta	
2 WATER WELL OWNER:	Kithy Clawson				
RR #, St. Address, Box #: City, State, ZIP Code :	Rt 1, Box 65F Satanta, KS		ard of Agriculture, Divis plication Number:	ion of Water Resources	3
3 MARK WELL'S LOCATE AN "X" IN SECTION BO	ON WITH 4 DEPTH O	TATIC WATER LEVEL	_		
w	N E E 1 D 2 Irri 3 Fe 4 In	rigation 6 Oi eedlot 7 Do dustrial 8 Ai ical / bacteriological s ay/yr sample was su		den) 11 Injection 12 Other Department? Yes	ring Well on Well
TYPE OF BLANK CAS 1 Steel 3 RMP 2 PVC 4 ABS Blank casing diamete Casing height above	(SR) 5 Wrought 6 Asbestos-Cemen	t 8 Concrete Tile sing pulled? Yes	Other (Specify below)		uch
6 GROUT PLUG MATER Grout Plug Intervals:		•		ft., From	to ft.
What is the nearest	source of possible contaminat 6 Seepag 7 Pit privy r lines 8 Sewage 9 Feedya 10 Livestoo	ion: e pit 11 / 12 e lagoon 13 rd 14	Fuel storage Fertilizer storage Insecticide storage Abandoned water we Oil well/Gas well	16 Other (sp	
750 320	Chloring Per				

FROM	то	PLUGGING MATERIALS		
350	320	Chloringted Sand		
320	10	Clay / Suboil		
10	5	Benton: to		
5	~	Cut off Carine		
		& Back till		
		•		

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)
	Water Well Contractor's License No. Inis Water Well Regord was completed on (mo/day/year) ynder the bysiness name of by (signature)

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.