,	WATER W	ELL PLU	GGIN	G RECORD			Form WWC-5P			K\$A 82e-1212		D No.	ASW-5J	
1 LOCAT	ION OF WA		1							Section Number	T	ownship Number		
County:	Sta	nton		NE	E 1/4	SE	1/4	SW	1/4	14		29 S	42 W	
)istance	and directi	on from r	eares	towi	or city	street a	rddres	s of well	If loc	sted within city?				
			***	Sout	th Highwa	ay 160, N	lanter, l	KS						
	WELL OW				rain - Mai	nter								
	Address, B e, ZIP Cod			y 160								vgnculture, Divisk n Number:	on of Water Resource	
MARK V	WELL'S LO	CATON W	TH AN	1.1				07.0				R NUMBER		
"X" IN S	IECHON BO	ΣX:			DEPTH	OF WEL	٠	07.0		f	t.			
x	N				WELL'S	STATIC	WATE	R LEVEL	L	f	t.			
		!	7				****				-			
	NW	NE	1		WETT N	vas use	ID AS:							
	``` T	<u>                                   </u>	7		1	Domes	tic.	5 (	Public	Water Supply		9 Dewate	rina	
w	į	E	1	2 Irrigation					d Water Supply		10 Monitoring Well			
"		!	7	3 Feedlot		t			n and Garden (domestic)					
		1_			4	industri		8 /	Air Coi	nditioning		12 Other		
	sw.	SE	1	Wes	a chemi	icei/bacte	ariologia	cal sampl	le subi	nitted to Departme	ent?	Yes	No	
	^	1		If ye	s, mo/da	y/yr sam	ple was	s submitte	ed					
	8	<u> </u>		Wat	er Well D	Nsinfecte	d:	Y88	'	No				
TYPE	F BLANK C	ASING U	SED:	1	- with the last	· · · · · · · · · · · · · · · · · · ·								
	și i									9 Other	(apacil	y below)		
②PV0	;	4 ABC		(	8 Asbesi	tos-Cem	ent	8 Concre	ete Tile	·			feet	
Blank ca	ising diamet	er	ir	1. ¥	Vas casir	ng pulled	? Ye	<b>6</b> X	No_	If yes, how	much	3	feet	
Casing h	reight above	or below	land su	rface			in.							
						_				<del></del>				
				Seepage pit				11 Fuel st		_		18 Other (specify below)		
				Pltp	•					r storage de storage		**********	7 TERETTY TERET # F * * * * * * * * * * * * * * * * * *	
3 Watertight sewer lines 4 Lateral lines				5 Sewage lagoon 9 Feedyard				13 Insecticide storage 14 Abandoned water		-				
	es Pool				ryalu stock pei	Λά				Gas well				
					•									
Pirection fr	om well?			••••	••••			HOW INS	илу төө	t?				
FROM	OM TO CODE					ING M	MATERIALS							
0	87.8		Ben	toni	te									
	1			1										
		<b>-</b>	····											
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					·		<del></del>							
1	<u> </u>		L				****							
CON	ITRACTOR	S OR LA	NDOW	NER'	S CERT	IFICATION	ON: Th	ie water	well w	ras plugged unde	r <b>my</b> ju	risdiction and was	completed	
_	mo/day/yr)												and belief. Kansas	
	er Well Co	ntractor's	Licen	se No	o					This Water We	el Rec	ord was complete	ed on (mo/day/yr)	
	10/	21/09		_ un	der the	busines	e nam	e of ,	10	Blueste	em Envi	ronmental Engineerin	g, Inc.	
by	10/ (signature)	)						<u> /</u>	link de	J				
INST	RUCTION	S. Pleas	e fill ir	blar	iks and	circle t	he co	rrect and	SWere	. Send three co	opies	to Kansas Depa	rtment of Health and	
Envir	onment, B	ureau of	Wate	r, 101	00 S W	Jackso	n St.,	Ste. 420	O, To	peka, Kansas 6	6620-	0001. Telephon	e: 785-296-3565.	
Send	one to W	ater Weli	Owne	er en	d retain	one fo	r your	records	J					