		WATER WELL PLUGGING RE	CORD Form WWC-5P	KSA 82a-1212 ID N	0	
1	LOCATION OF WATER WELL:	Fraction NE	Section Number	Township Number	Range Number	
	Lewell	Q 14 14	9	2	10 🖦	
Dis	tance and direction from nearest town or	city street address of well if local	ted within city?			
	14/33	L LEE EDACT				
2	WATER WELL OWNER: / YAN					
	City, State, ZIP Code : ESBON, KS 66941 Application Number:					
3	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL ft.				
	AN "X" IN SECTION BOX: N	WELL'S STATIC WATER LEVEL 8 ft. WELL WAS USED AS:				
	NW NE	1 Domestic	5 Public Water Supply	9 Dewateri	ng	
	*	2 Irrigation	6 Oil Field Water Supp 7 Domestic (Lawn & G			
w	E	3 Feedlot 4 Industrial	8 Air Conditioning			
		Was a chemical / bacteriological sample submitted to Department? Yes				
	SW SE	If yes, mo/day/yr sample was submitted				
		Water Well Disinfected: YesX No				
	S					
5	TYPE OF BLANK CASING USED:					
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass Other (Specify below) Brick					
	Blank casing diameter in.	Was casing pulled?			ch	
	Casing height above or below land si			, , , ,		
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
		ft. to ft.,	Fromft. t	o 3 ft., From	to ft	
	What is the nearest source of possible 1 Septic tank	e contamination: 6 Seepage pit	11 Fuel storage	16 Other (spe	cify bolow)	
2 Sewer lines		7 Pit privy	12 Fertilizer storage			
3 Watertight sewer lines 4 Lateral lines		8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well				
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well	Well		
	Direction from well?	How many f	feet?			
FROM TO PL		UGGING MATERIALS				
	24' 8' Chlo	rinated Sand				
		soil				
		tonite				
_						
	3' Mound Top	Soil				
				Griginal Return	ed to Sender	
		for Correction		Date: 11-10-10		
7	CONTRACTOR'S OF LANDOWN (mo/day/year)	ER'S CERTIFICATION: This	water well was plugged and this record is true	d under my jurisdiction a se to the best of my knowle	nd was completed on dge and belief. Kansas	
\	Nater Well Contractor's License No under th		This Wa	ater Well Record was comp	oleted on (mo/day/year)	
	by (signature)	First				
IN	STRUCTIONS: Use typewriter or bal	l point pen. Please press firm	nly and print clearly. Plea	ase fill in blanks, underlin	e or circle the correct	
an	swers. Send top three copies to Kan ., Ste. 420, Topeka, Kansas 66612-1	sas Department of Health an	d Environment, Bureau	of Water, Geology Section	on, 1000 SW Jackson	
ગ	., Sie. 420, Topeka, Nansas 66612-1	307. Telephone. 763/296-332	LE. Send one to water v	ven Owner and retain on	e ioi youl lecolus.	