	WATER WELL PLUGGING RI	ECORD Form WWC-5P	KSA 82a-1212 ID N	0
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Washington	BE14 SW14 NE14	8	2	2 E/W
Distance and direction from nearest town or city street address of well if located within city?				
2 WATER WELL OWNER: CECIL	Grover			
RR #, St. Address, Box #: 2203 Indian Road Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Morr	ownle, is our	158 Application Number	:	
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL				
	WELL WAS USED AS:			
NE	(1)Domestic	5 Public Water Supply	9 Dewateri	ing
	2 Irrigation	6 Oil Field Water Supp	ly 10 Monitorir	ng Well
w	3 Feedlot 4 Industrial	7 Domestic (Lawn & G8 Air Conditioning	,	vveii
	NA/a a altarriad / backsviola	niant committee to De	anadananto Van	N _a
SW SE SE Was a chemical / bacteriological sample submitted to Department? Yes				
	Water Well Disinfected: Ye	es No		
S				
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameterin. Was casing pulled? Yes No If yes, how much				
CROUT PLUC MATERIAL . 1 N	leat cement 2 Cement gro		Other	
Grout Plug Intervals: From				
What is the nearest source of possible	e contamination:			
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	ecify below)
2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage		
4 Lateral lines	9 Feedyard	14 Abandoned water		
5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well?				
FROM TO PLUGGING MATERIALS				
0 12 A Subsoi	I Cill			
السيا المراكم براغدا	nite Plug			
121/2 H 11 10pso1				
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. This Water Well Record was completed on (mo/day/year) under the business name of				
by (signature) X. Seed Anomy				
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.				