	WATER WELL PLUGGING RI	ECORD Form WWC-5P	KSA 82a-1212 ID N	O
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: Washinaton	SE4SW4SW4	2	2	3
Distance and direction from nearest town or city street address of well if located within city?				
5 miles north and 3/4 mile West of Washington, KS				
2 WATER WELL OWNER: RON GOERKEL				
RR #, St. Address, Box #: 2332 24 <sup>th</sup> RA  City, State, ZIP Code : Hanover, K5 W6945  Board of Agriculture, Division of Water Resources  Application Number:				
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	40 ft.		
AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL				
	WELL WAS USED AS:			
NW NE	1 Domestic	5 Public Water Supply	9 Dewaterii	na
	2 Irrigation	6 Oil Field Water Supp	ly 10 Monitorin	g Well
W E	3 Feedlot 4 Industrial	<ul><li>7 Domestic (Lawn &amp; G</li><li>8 Air Conditioning</li></ul>	arden) 11 Injection 1 12 Other	well
	Was a chemical / hacteriolog	gical sample submitted to Do	upartment? Ves	Jo
SW SE Was a chemical / bacteriological sample submitted to Department? Yes				
(A)	Water Well Disinfected: Ye	s 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				
Blank casing diameter in.	Was casing pulled?		If yes, how muc	ch
Casing height above or below land surface in.				
2.	eat cement 2 Cement groups 5.0 ft. to	•	Other	
Grout Plug Intervals: From7.  What is the nearest source of possible	·	Fromit. to	ft., From	to ft.
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spec	cify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	` '	
<ul><li>3 Watertight sewer lines</li><li>4 Lateral lines</li></ul>	<ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>	<ul><li>13 Insecticide storage</li><li>14 Abandoned water v</li></ul>	vell	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well? How many feet?				
FROM TO PL	UGGING MATERIALS			
40A 5A Jubsoi	1 C:11			
70 1 11 00000.	nite plug			
1 - 0 - 0	· i / /			
4.5 ft Of Tops	011			
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on				
(mo/day/year)				
date	e business nam@ofof			
by signature) X Signature X Signature State of the size				
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, 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.