		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	IO	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Cou	unty: Republic	SE4 4 4	2.0	2	4 EW	
Distance and direction from nearest town or city street address of well if located within city?						
Four Miles North of Scandia Ks Ky West North side of Road						
2	WATER WELL OWNER: Richard Sandell P.O. Box 28					
	RR #, St. Address, Box #: City, State, ZIP Code: Republic, KS にゅういり Board of Agriculture, Division of Water Resources Application Number:					
3	AN "Y" IN SECTION BOY.					
WELL'S STATIC WATER LEVEL						
		WELL WAS USED AS:				
	NW NE	1 Domestic	5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring Well 7 Domestic (Lawn & Garden) 11 Injection Well			
		2 Irrigation 3 Feedlot				
W	F	4 Industrial	8 Air Conditioning			
	SW ————————————————————————————————————	Was a chemical / bacteriological sample submitted to Department? Yes				
	-SW - SE -					
	X					
	TVDE OF BLANK CACING LICED.					
4 Charles O DMD (CD) 5 Myraucht 7 Fiberries O Other (Cresit helen)						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 8 Concrete Tile						
Blank casing diameter 3.0 in. Was casing pulled? Yes						
6	6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From 4/3 ft. to						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (spe	ecity below)	
3 Watertight sewer lines		8 Sewage lagoon	13 Insecticide storage			
	4 Lateral lines 5 Cess pool	9 Feedyard10 Livestock pens	14 Abandoned water15 Oil well/Gas well	weii		
Direction from well? How many feet?						
FROM TO PLUGGING MATERIALS						
-						
0 4.5 1002011						
		intonite				
	5 7 Su	Josoil				
	7 21 Car	ravel				
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on						
(mo/day/year)						
	vvater vveii Contractor's License No	the business name of p	Inis W	ater well necord was com	pieted on (mo/day/year)	
by (signature) Lichard Land						
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.