	WATER WELL PHANGING RECO	HD Form WWC-5P KSA	82a-1212 ID NO	
1 LOCATION OF WATER WELL:	Staction's E NW	Section Number	Township Number	Range Number
County: Mant	14 SE 1/4 SE 1/4	13	30	35
Distance and direction from nearest town or city street address of well if located within city? 9 M 5 F I I R 6 C C S 5 - 5				
2 WATER WELLOWNER: Clint				
City, State, ZIP Code : Application Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF WELL				
WELL'S STATIC WATER LEVEL				
WELL WAS USED AS:				
N W N E	Domestic	5 Public Water Supp	ly 9 Dewat	ering
	2 Irrigation	6 Oil Field Water Su	pply 10 Monito	ring Well
w _E	3 Feedlot	7 Domestic (Lawn &		on Well
	4 mustrar	8 Air Conditioning		
S W S E Was a chemical / bacteriological sample submitted to Department?Yes				
Water Well Disinfected: YesX No				
S	water well disinfected.	185 NO		
5 TYPE OF BLANK CASING USED:				
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)				
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameterin. Was casing pulled? Yes No If yes, how much				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: Fromft. to				
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (sp	ecify below)
2 Sewer lines 3 Watertight sewer lines	7 Pit privy8 Sewage lagoon	12 Fertilizer storag13 Insecticide storag		•••••••••••••••••••••••••••••••••••••••
4 Lateral lines 9 Feedyard 14 Abandoned water well				
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well?				
FROM TO PLU	JGGING MATERIALS			
300 6 Clark	Subseil		F-1 F-1	050/-
B 3 Ceme	n T		RE	CEIVED
3 - Cut-6	A Casing &		OC.	7 2 8 2004
	Pac & 4:11/		BUREA	U OF WATER
Z CONTRACTOR'S OR LANDOWN	MED'S CERTIFICATION: TH	ie water well was plugg	ad undar my juriediatio	n and was completed
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				
Water Well Contractor's License No				
by (signature)				
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, Topeka, Kansas 66620-0001.				
Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.				