			WATE	R WELL PLUGGING	RECORD Fo	rm WWC-5P	KSA 82a-1	212 ID N	0	
1 LOCAT	TION OF WAT	ER WELL:	Frac	tion	Section	Section Number To		Number	Range	Number
county: Gran +				NW 1/4 NW 1/4	10		30	S	37	E.W
From 1	M 1455e S R WELL OWN		S & I	et address of well if lo E 800'S Nesource	5		e, Division of W	/ater Resourc	es	
City, Sta	WELL'S LOC IN SECTION N V	EATION WITH I BOX:	E Was	DEPTH OF WELL WELL'S STATIC WAT WELL WAS USED AS 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial a chemical / bacteriol s, mo/day/yr sample war Well Disinfected:	Applic 3 S O ER LEVEL 2 8 5 Public 6 Oil Fiel 7 Domes 8 Air Cor ogical sample suvas submitted	water Supply d Water Supply dic (Lawn & Giditioning	oly arden) epartment? Yes	9 Dewateri 10 Monitorin 11 Injection 12 Other	ng g Well Well	
Stee 2 PVC Blank Casing	el 3 RM C 4 AB casing diame g height above	ter	surface	Was casing pulled?	ete Tile Yesin.		✓ If	yes, how mu		
Grout I	T PLUG MAT Plug Intervals: s the nearest		Neat cem 240' ible contan	ft. to f	out 3 Bento t., From		Other ft.,			f
Septic tank Sewer lines Watertight sewer lines Lateral lines Cess pool Direction from well?				Seepage pit Pit privy Sewage lagoon Feedyard Livestock pens How man	12 Fertili 13 Insec 14 Aban 15 Oil w	10 Familians storess			cify below)	
FROM	то		PLUGGIN	G MATERIALS						
350' 240'	24D' 5'	Chlorin Neat	ated Cer	grave I nent						
3,	0.	Top so								
Water V	RACTOR'S ny/year) Vell Contracto 22 gnature)	r's License No.	NER'S C 20 the bysin	ess name of	is water well water and this	This Wa	ter Well Reco	rd was comp	leted on (mo	pleted on ef. Kansas h/day/year)
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.