				v	VATER WELL PLUG	GING RECO	ORD Fo	rm WWC-5P	KSA 82a-12	12 ID N	0	
1	LOCAT	ION OF WA	TER WELL:		Fraction		Section	Number	Township	Number	Range	Number
	l unty:	ingn	a A		14 See 14 See	14 SE	3		30		5	W.
				or city	y street address of w	ell if located	within city?	·				
	Noi	th of	BUINS	•	e west	of U	VESTV	المتطا				
2	WATE	R WELL OW	NER: C'	4 6	A NOWIC	.h						
	I RR #, S City, Sta	t. Address, E te, ZIP Code	30x#: 22	6 ! [wii	MAIN ST. CL. KS 6	7118		of Agriculture ation Number	e, Division of War:	ter Resourc	es	
3	MARK WELL'S LOCATION WIT			ŀ	4 DEPTH OF WE	LL	7	ft.	E	le 1		
	AN "X"	IN SECTION	N BOX:		WELL'S STATION	C WATER L	EVEL 2	5 ft.				
		N]	WELL WAS US	SED AS:						
	NM	/	NE	-	1 Domest			Water Supply		9 Dewaterir		
			1		2 Irrigation 3 Feedlot			d Water Supp tic (Lawn & G		0 Monitoring 1 Injection \		
w				E	4 Industria		8 Air Con					
		_			Was a chemical / ba	acteriologica	l sample su	bmitted to De	epartment? Yes	N	, ×	
	SW SE				Was a chemical / bacteriological sample submitted to Department? Yes							
		X]	Water Well Disinfec	ted: Yes 🕽	K No.					
	7/05/	3 5 5 8										
5			CASING USED		_							
	1)Stee			Wrou Asbe	•	Fiberglass Concrete Ti	1 -	er (Specify b	•	•••••		
	Blank (Casing	casing diamo height abov	eter/2i	n. d surfa	Was casing page	ulled? in.	Yes	No	If ye	es, how muc	:h	
6		T PLUG MAT			t cernent 2 Cern	_	3 Bento		Other ft.,			ft.
	What is	the nearest	source of pos	sible c	ontamination:							
1 Septic tank					6 Seepage pit	11 Fuels		16	16 Other (specify below)			
2 Sewer lines					7 Pit privy	12 Fertilizer storage						
3 Watertight sewer lines 4 Lateral lines					8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water well						
5 Cess pool					10 Livestock pens		15 Oil well/Gas well					
Direction from well?999				7	Но	w many feet	?9	99				
FROM TO PLU				PLUC	GGING MATERIALS	٦						
87		30	SA	nd			1					
30		5	Rente		nite							
5		0	Matur		mite Al Soils							
					-		1					
						•	7					
			1				-				ens.j	
			 				-					
_			<u></u>				_		2		T	
7	CONTI (mo/da	RACTOR'S	OF JANDON	VNER	'S CERTIFICATIO	N: This wa	ter well w and this	as plugged record is true	under my juril to the best of	ny knomber	id was con	npleted on lef. Kansas
	Water V	Vell Contract	or's License No	the i	business (ame of	Carm	dis v	This Wa	ter Well Record	was comp	eted on (mo	o/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.

by (signature) ...