|  | WATER WELL PLUGGING RECO  | RD Form WWC-5P KSA  | 82a-1212                         | ID NO.                       | NO. MW-09                      |   |  |
|--|---|---|----------------------------------|------------------------------|--------------------------------|---|--|
|  |   |   | T                                | <del></del>                  | T                              | 196)                                    |  |
| 1 LOCATION OF WATER WELL:  | Fraction  | Section Number  | Township                         | Number                       | Range                          | Number                                  |  |
| County: STEVENS  | Sw1/4 Sw1/4 NE 1/4  | 16  | 33                               |                              | 37                             |   |  |
| Distance and direction from nearest town of                        | or city street address of well if lo  | cated within city?<br>Las   | host                             | 6.                           |                                |   |  |
| WATER WELL OWNER: Mrs. 10 RR #, St. Address, Box #: 909 N          | N.S. Ramey<br>M. 78 P.A #21   | 2 Board of Agriculture.   | . Division of Wa                 | ater Resource                |                                |   |  |
| City, State, ZIP Code : wrch:  3 MARK WELL'S LOCATION WITH         | In Ks 67212   | Application Number:   |                                  |                              |                                |   |  |
| AN "X" IN SECTION BOX:   | WELL'S STATIC WATER   | LEVEL Dr. J. ft.  |                                  |                              |                                |   |  |
| N I  | WELL WAS USED AS:   | ,   |                                  |                              |                                |   |  |
| W N E  | 1 Domestic<br>2 Irrigation<br>3 Feedlot<br>4 Industrial   | <ul><li>5 Public Water Sup</li><li>6 Oil Field Water Su</li><li>7 Domestic (Lawn 8</li><li>8 Air Conditioning</li></ul> | ipply (                          | 11 Injection                 | ering<br>oring Well<br>on Well |   |  |
| S W  | Was a chemical / bacteri<br>If yes, mo/day/yr sampl   | e was submitted   |                                  | nent?Yes                     | No?                            | <b>X</b>                                |  |
| S  | Water Well Disinfected:   | Yes No  |                                  |                              |                                |   |  |
| 5 TYPE OF BLANK CASING USED:                                       |   |   |                                  |                              |                                |   |  |
|  | Vrought 7 Fibergl<br>asbestos-Cement 8 Concre   | te Tile   | •••••                            |                              |                                | *************************************** |  |
| Blank casing diameterin. Casing height above or below land         | Was casing pulled?  | Yes No  | If                               | yes, how m                   | uch .3                         | ······································  |  |
|  | leat cement 2 Cement group 2 Cement group 2 Cement group 2 Cement group 3 Cement |   |                                  |                              | to                             | ft                                      |  |
| What is the nearest source of pos                                  |   |   |                                  | ,                            |                                |   |  |
| 1 Septic tank  | 6 Seepage pit   | 11 Fuel storage   |                                  | 6 Other (sp                  | ecify below)                   |   |  |
| 2 Sewer lines  | 7 Pit privy   | 12 Fertilizer storag  |                                  |                              | ••••••                         | •••••                                   |  |
| <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 stor</li><li>14 Abandoned wat</li></ul>  | •                                |                              |                                |   |  |
| 5 Cess Pool  | 10 Livestock pens   | 15 Oil well/Gas we  |                                  |                              |                                |   |  |
| Direction from well?   | How many  | / feet?   |                                  |                              |                                |   |  |
| FROM TO PLU  | JGGING MATERIALS  |   |                                  |                              |                                |   |  |
| 90 3 Lydriteu  | bentonite chips   |   |                                  |                              |                                |   |  |
| 3 0 GARAS  | l bentante chips  |   |                                  |                              |                                |   |  |
|  |   |   |                                  |                              |                                |   |  |
|  |   |   |                                  |                              |                                |   |  |
|  |   |   |                                  |                              |                                |   |  |
|  |   |   |                                  |                              |                                |   |  |
| 7 CONTRACTOR'S OR LANDOWN on (mo/day/year)                         | IER'S CERTIFICATION: Thi  | s water well was plugg  | ed under my<br>to the best o     | jurisdiction<br>of my knowle | n and was co                   | ompleted<br>of. Kansas                  |  |
| on (mo/day/year)   | business name of T.P.   | This  | Water Well Re                    | cord was con                 | npleted on (mo                 | /day/year)                              |  |
| by (signature)   | James   |   |                                  |                              |                                |   |  |
| INSTRUCTIONS: Use typewriter or banswers. Send top three copies to | oall point pen. <u>Please press fi</u><br>Kansas Department of Heal   | rmly and <u>print</u> clearly. Ple<br>th_and_Environment, Bu  | ease fill in bla<br>reau of Wate | nks, underli<br>er, Topeka,  | ne or circle th<br>Kansas 666  | e correct<br>20-0001.                   |  |

Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.