			WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212 ID N	O
1 LOC	ATION OF WA	ATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Stever		NE14 NE14 NW 14	20	33S	37W 🕬
Distance and direction from nearest town or city street address of well if located within city?						
Hugot	on, KS:	1 W and S	into			
2 WAT	ER WELL OW	NER: And	adarko Petr. Corp.		King 1	-20
RR #, City, S	St. Address, E State, ZIP Code	Box #: P. ( e : The	D. Box 4995 Be Woodlands, TX 77	387–4895 ication Number		
	X" IN SECTION	CATION WITH N BOX:	·	1.10		
	N X		WELL WAS USED AS:			
	IW —	)				
	100	NE —	1 Domestic 2 Irrigation	5 Public Water Supply  (6)Oil Field Water Supp	9 Dewaterin ly 10 Monitoring	
w		E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G	arden) 11 Injection V	Vell
			4 muustnai	8 Air Conditioning	12 Other	
s	SE ————————————————————————————————————					
	S		Water Well Disinfected: Ye	sX 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 diameter						
CPOUT BLUG MATERIAL						
Grout Plug Intervals: From 4 # to 20 # 5						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify helew)						
	Sewer lines Vatertight sew	er lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage		
4 L	ateral lines		9 Feedyard	<ul><li>13 Insecticide storage</li><li>14 Abandoned water w</li></ul>	ell	
	Cess pool		10 Livestock pens	15 Oil well/Gas well		
Direct	tion from well?		How many	feet?		
FROM	то	PLU	JGGING MATERIALS			
110	20	Chlorinat	ed Gravel	A ANDRONA DE TRANSPORTO DE SER ESTADO DE TRANSPORTO DE TRANSPORTO DE TRANSPORTO DE TRANSPORTO DE TRANSPORTO DE		
20	4	Cement Gr				
			Out			
4	Surface	Backfill				
***************************************						
(A						
7 CONT	BACTOR'S (	DE LANDOWNE	DIO OFFITIOATION TI			
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
vvater	Vell Contractor	's License No under the	husiness name of	This Wate	er Well Record was comple	ted on (mo/day/year)
by (sig	nature)				CO. BOX 000 Be	
INSTRUCTI	ONS: Use tv	pewriter or ball r	point pen. Please press firm	ly and print cloarly Place	a fill in blanka waterthe	
anomoro, oc	nia top miee	copies to Natisa	is Department of Health and	Thrvironment Bureau of	Water Goology Soction	1000 CIM In aliana
ot., Ste. 420	), Topeka, Ka 	ınsas 66612-136	67. Telephone: 785/296-552	<ol><li>Send one to Water Well</li></ol>	Il Owner and retain one f	or your records.