			WATER WELL PLUGGING RI	ECORD Form WWC-5P	KSA 82a-1212 ID N	Ю	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: HARPER			5ω ¼ ¼ ¼ ¼	18	34	9	
Distance and direction from nearest town or city street address of well if located within city?							
ー	3 E		HAZELTON	37004	.875 / 98°	20,524'	
2 WATER	WELL OWNER:	MAR	ic Schrock		/		
RR #, St. Address, Box #: S121 VISTA ACRES Board of Agriculture, Division of Water Resources							
City, Sta	te, ZIP Code :	MAD	HATTAN, ES	Application Number	:		
	WELL'S LOCATION IN SECTION BOX:						
WELL'S STATIC WATER LEVEL ft.							
			WELL WAS USED AS:				
NW	NE		1 Domestic	5 Public Water Supply			
1			2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G			
W		E	4 Industrial	8 Air Conditioning	12 Other		
Was a chemical / bacteriological sample submitted to Department? Yes							
4				s submitted			
	S		Water Well Disinfected: Ye	es No			
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below Par (Pub Well) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameterin. Was casing pulled? Yes No							
Casing height above or below land surface in.							
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Pentonite 4 Other							
What is the nearest source of possible contamination:							
Septic tank			6 Seepage pit	11 Fuel storage	11 Fuel storage 16 Other (specify below)		
2 Sewer lines 3 Watertight sewer lines			7 Pit privy8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage			
4 Lateral lines		3	9 Feedyard	14 Abandoned water v	14 Abandoned water well		
5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well? WEST How many feet? 3000 /							
Direction from well?							
FROM TO PL		JGGING MATERIALS					
30	7	SAI	UD		RECEI	VED	
7	5	So	16		SEP 0 3	2004	
-			NTONITE				
4.5	4.5 O So				BUREAU OF WATER		
ر ۱۱	11 0 301						
CONTRACTOR'S OF LANDOWNER'S CEPTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
(mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)							
by (signature) Wart Scheool							
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.