			WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212 ID	NO	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: Smith		NEW YEWNE W	21	T 35	13 €		
Distance and	_		ity street address of well if loc	<u> </u>	- 44		
2 WATE			36 + 281 H		enie-	MW-3	
RR #, \$	R WELL OWNER: St. Address, Box #: ate, ZIP Code	206	n Mc Nerney Snyder Dri George RS 66	Board of Agriculture Application Numbe	e, Division of Water Resour:	irces	
3 MARK	WELL'S LOCATION		4 DEPTH OF WELL				
─ AN "X	" IN SECTION BOX	:	WELL'S STATIC WATE	RLEVEL 146 ft.			
	N I	×	WELL WAS USED AS:	:			
N	N NE	Ε	1 Domestic	5 Public Water Supply	9 Dewate	ering	
			2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li></ul>			
W		E	4 Industrial	8 Air Conditioning			
sı	v — SE		Was a chemical / bacteriolo	ogical sample submitted to De	epartment? Yes	No <b>X</b>	
If yes, mo/day/yr sample was submitted							
	S		Water Well Disinfected: Y	es No			
5 TYPE	OF BLANK CASING	G USED:					
1 Ste			ought 7 Fibergi	lass 9 Other (Specify b	nelow)		
Ø PV	C 4 ABS	,	estos-Cement 8 Concre				
	casing diameter		Was casing pulled?		If yes, how m	uch 3	
			face2				
0 1	JT PLUG MATERIAL Plug Intervals:		2 Cement gro 2 . 5 . ft. to		Other ft., From		
	is the nearest source		•	,	,		
	Septic tank		6 Seepage pit	Fuel storage			
<ul><li>2 Sewer lines</li><li>3 Watertight sewer lines</li></ul>			7 Pit privy 8 Sewage lagoon	<ul><li>12 Fertilizer storage</li><li>13 Insecticide storage</li></ul>	12 Fertilizer storage		
4 Lateral lines			9 Feedyard	14 Abandoned water	14 Abandoned water well		
	Cess pool	SE	10 Livestock pens	15 Oil well/Gas well			
Direc	tion from well?		How many	y feet?			
FROM	то	PL	JGGING MATERIALS				
24/	8 3	ho	ntonite				
3	0		اآر				
			<del></del>				
		<del></del>					
7 CONT	RACTOR'S OF L	ANDOWNE	R'S CERTIFICATION: Thi	s water well was plugged	under my jurisdiction	and was completed on	
— (mo/d Water	Well Contractor's Lic	ense No	business name of	This Wa	ater Well Record was con	npleted on (mo/day/year)	
by (si	gnaturė)	under the	business name of		£		
			point pen. Please press fir	mly and print clearly. Place	see fill in blanke underli	ne or circle the correct	
			as Department of Health a				
St., Ste. 42	0, Topeka, Kansa	s 66612-13	67. Telephone: 785/296-55	522. Send one to Water W	ell Owner and retain or	ne for your records.	