		WATER WELL PLUGGING RE	CORD Form WWC-5P KSA 8	2a-1212 ID NO	
1	LOCATION OF WATER WELL:	Fraction	Section Number Townsh	nip Number Range Number	
	Smith	NE NE NE	21	3 5 13 🕍	
County:)M 7 14 7 2 EW Distance and direction from nearest town or city street address of well if located within city?					
	NE Lorner	4536 Huy		enter MW10	
2	WATER WELL OWNER:	len Mc Nerne	y St bear	ge KS 66533	
	RR #, St. Address, Box #: City, State, ZIP Code : 20	6 Snyder D	Board of Agriculture, Division Application Number:	Water Resources	
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL WELL'S STATIC WATER	10/11/11		
Γ	N	WELL WAS USED AS:	' / ' /		
-	NWNE	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supply	9 Dewatering 10 Monitoring Well	
w-	E	3 Feedlot 4 Industrial	7 Domestic (Lawn & Garden) 8 Air Conditioning	11 Injection Well 12 Other	
	SW SE SE Was a chemical / bacteriological sample submitted to Department? Yes			? Yes No	
		If yes, mo/day/yr sample was submitted			
	S	water Well Disinfected: Yes	NO		
5	5 TYPE OF BLANK CASING USED:				
1 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 in. Casing height above or below land s	Was casing pulled? surfaceir	Yes No	If yes, how much2	
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
What is the nearest source of possible contamination:					
	1 Septic tank	6 Seepage pit	Til Fuel storage	16 Other (specify below)	
	2 Sewer lines3 Watertight sewer lines	7 Pit privy8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage		
	4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	14 Abandoned water well15 Oil well/Gas well		
	Direction from well?	E How many f	20		
Direction from their					
F	ROM TO F	PLUGGING MATERIALS			
	19 3 0	entonite			
	3 D	501/			
-					
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
Water Well Contractor's License No. This Water Well Record was completed on (mo/d				· · · · · · · · · · · · · · · · · · ·	
INSTRUCTIONS: Use typewriter or ball point per. Please presentinly 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.					