	WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.			
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Smith	NE NE NE	21	<i>35</i>	/3 <sub>₽</sub> ∞
Distance and direction from nearest town or city street address of well if located within city?				
NE Corner t	lwy 36 + 281	Smith Ce	nter,	MW 16
2 WATER WELL OWNER: Allex McNerney St George KS 66533				
RR #, St. Address, Box #: City, State, ZIP Code : 206 Sny der De Application Number:  Board of Agriculture, Division of Water Resources Application Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL WELL'S STATIC WATER	1111		
	WELL WAS USED AS:	, -		
W	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Suppl</li><li>7 Domestic (Lawn &amp; Ga</li><li>8 Air Conditioning</li></ul>	arden) 11 Injection 12 Other	ng Well Well
SW ————————————————————————————————————	Was a chemical / bacteriological sample submitted to Department? Yes			
S	Water Well Disinfected: Yes	S No		
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 su	Was casing pulled?		If yes, how muc	ch <b>2</b>
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Pentonite 4 Other				
Grout Plug Intervals: From				
1 Septic tank	6 Seepage pit	(11)Fuel storage	16 Other (spec	cify below)
2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	<ul><li>12 Fertilizer storage</li><li>13 Insecticide storage</li></ul>		
4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	14 Abandoned water w 15 Oil well/Gas well	ell	
Direction from well?	·	20		
Direction from well?				
FROM TO PL	UGGING MATERIALS			
19 3 5	entonite			
3 0	Sail			
7 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	e business name of		er Well Record was comp	pleted on (mo/day/year)
by (signature)		Istice Lo		
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.				