WATER WELL PLUGGING RECORD

Form WWC-5P

T3S PIGW Sec 26 KSA 82a-1212 SESESW SHED

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range	Number	
Cou	nty: Phillips	SE4SE 4SW4	26	T38	18	E.W	
Dist	ance and direction from nearest town or o	=	•				
		695 Stat	ist., Phillip	osburg KS			
2		Korner Blubough		ď			
	RR #, St. Address, Box #: 257%	su arrowhead Rd	Board of Agriculture, Division of Water Resources				
_	City, State, ZIP Code : Topele	m, KS 66614	Application Number	<u>:</u>			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL					
	N	WELL'S STATIC WATER LEVEL 43.22 h.					
		WELL WAS USED AS:					
	NW NE	1 Domestic 5 Public Water Supply 9 Dewatering		ng			
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G	•			
w	E	4 Industrial	8 Air Conditioning	arden) 11 Injection (2) Other	OPS-	evation	
	Was a chemical / bacteriological sample submitted to Department? Yes						
	If yes, mo/day/yr sample was submitted to bepartment: res						
	Water Well Disinfected: Yes No						
_	S	· s					
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							
	Casing height above obelow and su			if yes, now mu	cn		
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
	Grout Plug Intervals: From	D ft. to 20 ft.,		ft., From		ft.	
	What is the nearest source of possible	contamination:					
	1 Septic tank	6 Seepage pit	11 Fuel storage	6 Other (spe	cify below)		
	2 Sewer lines3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage	UST			
	4 Lateral lines	9 Feedyard	14 Abandoned water v				
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well				
	Direction from well?	How many	feet?2				
F	ROM TO PL	UGGING MATERIALS				٠.	
7	2050 20-3070	Solid benforte					
		Je For ventorin					
	Siony c	word my					
	C. C.	te WITH					
	10p 5	Overdy, ///					
	+ollowin	g grouting					
-							
7	CONTRACTOR'S OF LANDOWNE	R'S CERTIFICATION: This	water well was plugged	under my jurisdiction a	nd was com	pleted on	
— (mo/day/year)							
		e business name of\\\	nco coment - acc	~			
•	by (signature)	5					
		<u> </u>					

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.