				WATER WELL PLUGGING F	RECORD	Form WWC-5P	KSA 82a-1	1212 ID N	0		
1 LOCATION OF WATER WELL:				Fraction	Section	Number	Township	Number	Range	Number	
Co	unty: Sm	ith	SW 1/	4 NE 14 SW 14 SE 14	1		5		14	EW	
Distance and direction from nearest town or city street address of well if located within city?											
N	E corner of	the junction o	f Highway 9 and	l 7th St., Gaylord, KS							
2	WATER	R WELL OWN									
		. Address, Bo te, ZIP Code	(decease × #: Gaylord	KS 67638 .Board of Agriculture, Division of Water Resources Application Number:							
3		WELL'S LOCA	-	4 DEPTH OF WELL24.25 ft.							
	AN "X" IN SECTION BOX:			WELL'S STATIC WATE	WELL'S STATIC WATER LEVEL						
w				WELL WAS USED AS:							
	NW NE			1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply ✓ Monitoring						W 70	
				3 Feedlot	7 Domestic (Lawn & Garden)			11 Injection Well			
	E			4 Industrial	8 Air C	8 Air Conditioning 12 Other					
	sw	,	- SE	Was a chemical / bacteriological sample submitted to Department? Yes							
			If yes, mo/day/yr sample was submitted								
	S			Water Well Disinfected: Yes No							
5	TYPE (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										
				surface36	in.			•			
6		T PLUG MATE		Neat cement 2 Cement gro			Other			1	
Grout Plug Intervals: From3 ft. to24.25 ft., From ft. to ft. to											
1 Septic tank				6 Seepage pit				16 Other (specify below)			
2 Sewer lines				7 Pit privy	12 Fei	rtilizer storage					
3 Watertight sewer lines 4 Lateral lines			er lines	8 Sewage lagoon 9 Feedyard		13 Insecticide storage14 Abandoned water well					
5 Cess pool				10 Livestock pens		well/Gas well					
Direction from well?											
FROM TO PL			P	LUGGING MATERIALS							
0 3		native soil									
3 24.25 bent		bentonite							ļ		
					**						
-											
					-						
	,		WANTED A MARKA								
7				NER'S CERTIFICATION: Thi							
(mo/day/year)11/12/15											
	11/1	9/15	minum under 1	the business name of	MILCO/Env	vironmental Serv	ices				
	by (sig	mature)	The state of the s	l Dange			•••••		••••••		

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