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: CLOUD	SW 1/4 1/4 1/4	4	5	3 E/W
Distance and direction from nearest town or	city street address of well if loc	ated within city?		
4 Miles N of Concordia, 1/2 mile West, 3/8 mile North				
WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code: James L. Sjogren 1346 Wagon Rd. Concordia, Kansas 66901. Board of Agriculture, Division of Water Resources Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL ft.				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL5Q ft.				
N NE NE SE SE		5 Public Water Supply 6 Oil Field Water Supp 7 Domestic (Lawn & G 8 Air Conditioning gical sample submitted to Deas submitted	arden) 10 Monitorir 11 Injection 12 Other	ng Well Well
Water Well Disinfected: Yes				
S Yallo Wall John State Community				
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 Handdug				
Blank casing diameter in. Was casing pulled? Yes No .X If yes, how much If yes, how much in.				
6 GROUT PLUG MATERIAL: 1 N	eat cement 2 Cement gro	ut 3 Bentonite 4 C	Other	
Grout Plug Intervals: From				
What is the nearest source of possible contamination:				
1 Septic tank 2 Sewer lines	6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (spe	cify below)
Watertight sewer lines Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage14 Abandoned water v		
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	well	
Direction from well? How many feet?				
FROM TO PL	UGGING MATERIALS			
0 4 10pSoi				
4.0 4.5 Plug				
4.5 50 Subsoi	/			
50 71 Sand				
7 CONTRACTOR'S OF LANDOWNI (mo/day/year)		This Wa	ter Well Record was com	pleted on (mo/day/year)
by (signature)	gos name or			
INSTRUCTIONS: Use Manufacture or hall	point pen Please press fir	mly and print clearly Plea	se fill in blanks underlin	e or circle the correct
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.				