		WATER WELL PLUGGING RECO	ORD Form WWC-5P KSA	82a-1212 ID NO	
1 LOCATION OF WATER	R WELL:	Fraction	Section Number	Township Number	Range Numbe
County:		SE 1/4 SE 1/4 NE 1/4	32	55	30
Distance and direction from		city street address of well if Ic			
300	<u> س://</u> هب	, Concordia	Kansas		
2 WATER WELL OWNER:	Flem.	North Shartel			
RR #, St. Address, Box #:		7	Board of Agriculture, Application Number:	Division of Water Resource	s
City, State, ZIP Code :		ona (ity, Oklehoma	Application Number.		
MARK WELL'S LOCATION BO		4 DEPTH OF WELL			
N		WELL'S STATIC WATER	LEVEL 7.14 ft.		
		WELL WAS USED AS:			
N W	NE -	1 Domestic	5 Public Water Supply	y 9 Dewate	erina
		2 Irrigation 3 Feedlot	6 Oil Field Water Sup 7 Domestic (Lawn & 0	oly 10 Monitor	ring Well
W	E	4 Industrial	8 Air Conditioning	· -	
s w	S E	Was a chemical / bacterio	logical sample submitted	to Department?Yes	No
	3 2	If yes, mo/day/yr sample	was submitted		
s		Water Well Disinfected: Ye	98 No		
	10.11055				
5 TYPE OF BLANK CASIN		aha 7 Fiberele	0 Olban (0-12)fa b	-1	
1 Steel 3 RMP (,	ought 7 Fibergla estos-Cement 8 Concrete		elow)	
Blank casing diameter.	in.	Was casing pulled?	Yes No	If yes, how muc	ch
		urfacein.			
6 GROUT PLUG MATERIA	AL: 1 Nea	t cement 2 Cement grout		er	
Grout Plug Intervals:		·	From ft. to	ft., From	to 11
What is the nearest sou 1 Septic tank	arce or possibl		11 Fuel storage	(16) Other (spec	uify-below)
2 Sewer lines		7 Pit privy	12 Fertilizer storage		1395
3 Watertight sewer lines4 Lateral lines		8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water w		
5 Cess Pool	< ./	10 Livestock pens	15 Oil well/Gas well		
Direction from well?	2047h	How many fe	net? 180		
FROM TO	PLUGG	ING MATERIALS			
5 25	2" Re	interike			
05	5 Tay 521/				
	1070	2.1			
	M	1-3 Plugsed			••
	1016	1 4 lugger	-		
					, and a band
7 CONTRACTOR'S OR L on (mo/day/year)	ANDOWNER' -/~クン	S CERTIFICATION: This w	ater well was plugged u and this record is true to t	nder my jurisdiction ar he best of my knowledge	and belief. Kansas
Water Well Contractor's Lic	ense No	527 siness name of	This Water	er Well Record was comple	ted on (mo/day/year)
by (signature)	de la	siness name of			
INSTRUCTIONS: Use types					
answers. Send top three co	ppies to Kans	as Department of Health a	nd Environment, Bureau	of Water, Topeka, Kar	ısas 66620-0001.
Telephone: 785/296-3565. Ser	in our to Ma(6)	A A GII CAALLEL GI IG LEGII Î OLI 6 10	i your records.		i