TOCONTRACTORN SET AND				WA	TER WELL PLUGGING R	ECORD F	orm WWC-5P	KSA 82a-121	2 ID NO	002742	207	
Dilatonce and direction from nearest lown or city street address of well if located within city? SW COTNEY MISSOUTH AVE. & US. Highway 83 2 WATER WELL OWNER: Rick Shaw RF, St. Address Box 19 RF, St. Addre	1 LOCA	TION OF WATI	ER WELL:	F	raction	Section	Number	Township	Number	Range	Number	
WATER WELL OWNER: Rick Shaw Ris St. Adress Box 8: Shardon, KS 67767 Board of Agriculture, Division of Water Resources Application Number: Page	County: She	ridan		N	√4 NE¼ SW¼		9	6		29	EW	
2 WATER WELL OWNER: R1 et, St. Address, Box v: Clis, State, 2TP Code : Sheldon, KS 67767 Board of Agriculture, Division of Water Resources Clis, State, 2TP Code : Sheldon, KS 67767 Application Number: 3 MARK WELLS LOCATION WITH AN 'X' IN SECTION BOX: WELL WAS USED AS: 1 Domestic 1 Domestic 2 Impation 6 Cil Field Water Supply 2 Impation 6 Cil Field Water Supply 3 Martin Was a chemical / bacteriological sample submitted to Department? Yes No. X Well Was a chemical / bacteriological sample submitted to Department? Yes No. X 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 Devotering 3 PVC 4 ABS 5 Wrought 6 Concrete Tile Blank casing dameter in. Casing height above orbatics land such acceptance 48 in. Casing height above orbatics land such acceptance 1 No 14. ft. ft. 1. 14. ft. ft. 1. 14. ft. ft. 1. 14. ft. ft. ft. 1. 14. ft. ft. ft. 1. 14. ft. ft. ft. ft. ft. ft. ft. ft. ft. ft				•		ated within cit	y?					
RR #, St. Address, Box #: City, State, ZIP Code She Lidon, KS 67767 Application Number: MARK WELL'S LOCATION WITH AN Y'R SECTION BOX: WELL WAS USED AS: 1 Demestic 5 Public Water Supply 2 Demestering Goddon F S Public Water Supply 3 Pendiot 7 Domestic Lawn & Garden 11 Injection Well QF-1 Injection Well 4 Was a chemical / bacteriological sample submitted to Department? Yes	_											
Only, State, 2IP Code Sheldon, KS 67767 Application Number: Applicati			Box		naw							
WELL'S STATIC WATER LEVEL 131.55 ft. WELL WAS USED AS: WELL WAS USED AS: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 2 Impation 6 Oil Field Water Supply 2 Impation 7 Domestic Clawn & Garden) 11 Injection Well 12 Other 12 Other 12 Other 13 Other 14 Industrial 8 Air Conditioning 3 Other (Specify below) 2 Other (Specify below) 3 Other (Specify below) 4 ABS 6 Asbegto-Cement 7 Fibergiass 9 Other (Specify below) 2 Other (Specify below) 4 Other Casing height above obelogic tand surface 4 Other 15 O			X #:		n, KS 67767				r Resource	S		
AN % IN SECTION BOX: WELL'S STATIC WATER LEVEL 131.55 ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 3 Feedot 7 Domestic (Lawn & Garden) 4 Industrial 8 Air Conditioning Well QF-1 1 Injection Well 12 Other	3 MARK	WELL'S LOCA	ATION WITH	4	DEPTH OF WELL1	41	ft.					
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Water Well Disinfected: Yes					2 Irrigation	6 Oil Fi	eld Water Supp	oly 🛈	O Monitoring	Well QF-	·1	
Was a chemical / bacteriological sample submitted to Department? Yes	w	4		E								
If yes, mo/day/yr sample was submitted				\ _\	las a chemical / hacteriolo			anartment? Vac	N	X		
5 TYPE OF BLANK CASING USED: 1 Septe 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 4. in. Was casing pulled? Yes No If yes, how much 1. If yes, how	S	N	- SE							, . 		
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) Blank casing diameter 4				l v	ater Well Disinfected: Ye	esNo	X					
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Blank casing diameter4												
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Grout Plug Intervals: From 4 ft. to 141. ft. From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well Plug GING MATERIALS 0 4 Native Soil 4 I41 Bentonite Grout 7 CONTRACTOR'S 8F JANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) mo/day/year) 7 CONTRACTOR'S 8F JANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 735 This Water Well Record was completed on (mo/day/year) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct				_			ther (Specify b	elow)				
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7 CONTRACTOR'S OF ANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 930-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 735 This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) this Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) th	Direc	tion from well?			How many	feet?						
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answers Dandton Bres agains to Manage Baradagest of Houlds and E. Leaver, J. B. 1997. A 1997 April 1997.												

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.