		WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212 ID N	iO	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
	CIII	CL Allat ATT	12	T-7-S	114/	
	unty:	SW14 NW14 NE 14	potod within city?	1	W EAG	
6	miles No-th cal	32 miles Ed	ast of Milt	onvale , KS		
2	WATER WELL OWNER: CACI	lia Deneault				
	RR #, St. Address, Box #: 2960 City, State, ZIP Code : Clyde	Jade Kd KS 66938	Board of Agriculture Application Numbe	e, Division of Water Resourd	ces	
3	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	170 ft.			
	AN "X" IN SECTION BOX: N	WELL'S STATIC WATE	WELL'S STATIC WATER LEVEL ft.			
		WELL WAS USED AS:				
-	NW NE	1 Domestic	5 Public Water Supply			
		2 Irrigation 3 Feedlot	6 Oil Field Water Supply 10 Monitoring Well 7 Domestic (Lawn & Garden) 11 Injection Well			
W		4 Industrial 8 Air Conditioning 1			12 Other	
	SW SE —	Was a chemical / bacteriological sample submitted to Department? Yes				
Ł	S					
5	TYPE OF BLANK CASING USED:					
		Vrought 7 Fibergl Asbestos-Cement 8 Concre		pelow)		
	Blank casing diameter in. Casing height above or below land	- 31		If yes, how much	ch	
6	GROUT PLUG MATERIAL: 1	Neat cement 2 Cement gro	out 3 Bentonite 4	Other		
	Grout Plug Intervals: From.	ft. to ft	., Fromft. t	o ft., From	to f	
	What is the nearest source of possib	ole contamination:				
	1 Septic tank	6 Seepage pit	11 Fuel storage 16 Other (specify below)			
	2 Sewer lines3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	, ,			
	4 Lateral lines 5 Cess pool					
	·	·				
	Direction from well?	How many	/ feet?			
F	FROM TO F	PLUGGING MATERIALS	INSTALL	50 PITLESS	ADAPTER	
			ON THI	S WELL THO	AT HAD	
				00	•	
		<u> </u>	JUST BE	INSTALLED PITLESS ADAPTER ON THIS WELL THAT HAD JUST BEEN DRILLED.		
				_		
7		NED'S CEPTIEICATION: THE		nstructed	nd was completed on	
	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of the surface of the business name of the surface o					
	Water Well Contractor's License No	the business name of Ma	els fins 4. D	iter Well Record was comp	oleted on (mo/day/year)	
	by (signature)	fulle				
INS	STRUCTIONS: Use typewriter or ba	all point pen. Please press fir	mly and print clearly. Plea	ase fill in blanks, underling	e or circle the correct	
ans	swers. Send top three copies to Ka	nsas Department of Health a	nd Environment, Bureau	of Water, Geology Sectio	n, 1000 SW Jackson	
St.,	, Ste. 420, Topeka, Kansas 66612-	1367. Telephone: 785/296-55	522. Send one to Water W	lell Owner and retain one	e for your records.	

RECONSTRUCTED