| | | WATER WELL PLUGGING R | ECORD Form | WWC-5P KSA 82a-1 | 212 ID N | 0 | | |
|---|--|--|-------------------------------|---|--|-----------------------------------|--|--|
| 1 | LOCATION OF WATER WELL: | Fraction | Section No | umber Township | Number | Range | Number | |
| Cou | unty: Rooks | SE 14 NE 14 NW 14 | 24 | 7 | | 18 | EW | |
| Distance and direction from nearest town or city street address of well if located within city? 321 S. Cypress Street - Stockton, KS | | | | | | | | |
| 2 | | Department of Trans. | | | | | | |
| | RR #, St. Address, Box #: City, State, ZIP Code : Box 268 Phillipsburg, KS 67661 Box 268 Phillipsburg, KS 67661 Box 268 Application Number: | | | | | | | |
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF WELL .53 | | | | | | |
| [| N N | WELL WAS USED AS: | | | | | | |
| w | NW | 1 Domestic 2 Irrigation 3 Feedlot | 5 Public Wat 6 Oil Field W | ater Supply Lawn & Garden) | 9 Dewateri 10 Monitorin 11 Injection 12 Other | g Well W-4 Well | i | |
| | SW SE | Was a chemical / bacteriolo If yes, mo/day/yr sample wa Water Well Disinfected: Yo | as submitted | | s 1 | No | | |
| 5 | 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 | | | | | | | | |
| Blank casing diameterin. Was casing pulled? Yes | | | | | | | | |
| GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | |
| | 1 Septic tank2 Sewer lines | 6 Seepage pit7 Pit privy | 11 Fuel stor | storage . | 6 Other (spe | | | |
| | 3 Watertight sewer lines4 Lateral lines | 8 Sewage lagoon9 Feedyard | 13 Insecticion 14 Abandon | le storage ed water well | | | | |
| | 5 Cess pool northwest | 10 Livestock pens | 15 Oil well/0 200 | | | | | |
| Direction from well? | | | | | | | | |
| | FROM TO F | PLUGGING MATERIALS | | | | | | |
| (| 0 4 Native soil | | | | | | | |
| 4 | 4 53.1 Bentonite | slurry | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 | CONTRACTOR'S, OF 1 NDOW (mo/day/year) | NER'S CERTIFICATION: Thi 735 the business name of | s water well was | plugged under my ju cord is true to the best of This Water Well Reco conmental Services, | urisdiction a of my knowle ord was comp Inc. | nd was condge and be bleted on (m | mpleted on lief. Kansas no/day/year) | |
| IN an | 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.