WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

1 LOCATIO	ON OF WATER WELL:	Fraction		Section Number	Township Number	Range Number
			W14NE414	33	7	76
	Thomas and direction from			t address of well if	located within city?	⊥ <i>22</i> ?
2 WATER V	WELL OWNER:					
	Address, Box #: te, ZIP Code :			Application No	culture, Division of umber:	Water Resources
	ELL'S LOCATION WITH IN SECTION BOX:				ft.	
AN A	N N	WELL	'S STATIC WAT	ER LEVEL3.4	ft.	
		WELL	. WAS USED AS:			
N	 WN E		Domestic	5 Public Water Sup	ply 9 Dewaterin	ng Ng Well
			Feedlot Industrial	6 Oil Field Water 9 7 Lawn and Garden 0 8 Air Conditioning	Only 11 Injection	n Well
W		E 4	industriat	8 ATT CONDICTORING	iz otner	
s	 W	Was a	chemical/bact , mo/day/yr s	eriological sample s ample was submitted.	ubmitted to Departmen	nt? YesNo
	s	Water	Well Disinfed	ted: Yes. 9 No		
5 TYPE OF	F BLANK CASING USED	:			***	
					(specify below)	
2 PVC		Asbestos-Ceme 17		ete Tile	······	
Blank o Casing	casing diameter, height above or be	اریکیin. low land surf	Was casing کمانت	pulled? Yes	No♠ If yes, how	much
				out (3)Bentonite		
لـ∟ Grout F	Plug Intervals:	From4ft.	to. /_ ft	., From.33ft. to	o <i>35</i> ft., From	toft.
What is	s the nearest sourc	e of possible	contaminatio	on:		
	otic tank	6 Seepag	je pit	11 Fuel storage	16 Other (sp	pecify below)
	wer lines tertight sewer line	7 Pit pr s 8 Sewage	ivy lagoon	12 Fertilizer stora 13 Insecticide stora	ge age	
	teral lines ss Pool	9 Feedya 10 Livest		14 Abandoned water (15 Oil well/Gas wel		
Direct ²	ion from well?			How many feet?	• • • • • • • • • • • • • • • • • • • •	
FROM	то	PLUGGING MAT	ERIALS			
	4 T	10 51				
	1 0	Jan J	P			
<u> 7</u>	9 00	1. 1.	. 1			
7.7	33 C1	de 1)			
<u> </u>		nyon ite	101	/		
35	130 Ch	orinated	Sand.			
		<i></i>		- Docara	RGS 4-9-3	100
7 CONTRA	CTOR/S OR LANDOUNER	/8 CEDTICIOAT	ION.This water	er well was plugged u		' j
$oldsymbol{oldsymbol{\sqcup}}$ on (mo,	/day/year)		and this reco	ord is true to the be	st of <mark>my knowledge a</mark> r	nd belief. Kansas
	<i>f</i> _t	under the	business nam	This Water Well ne of		
by (sig	gnature)	OS: TOLL	arny	• • • • • • • • • • • • • • • • • • • •		
INSTRUCT	TIONS: Use typewrite	r or ball point point	pen. <u>Please pre</u> Kansas Departn	ess firmly and print clear ment of Health and Envi	rly. Please fill in blanks	, underline or circle
				Well Owner and retain		tor, Topeka, Kalisas