				WATER WELL PLUGGING R	ECORD	Form WWC-5P	KSA 82a-	1212 ID N	10	
1 LOCA	TION OF WAT	TER WELL:		Fraction	Section	Number	Township	Number	Range	Number
County:	SHERMAN			NW 14 SE 14 NW 14	11	į	7S		42W	XX
Distance and	direction from	nearest town	or c	ity street address of well if loca	ated within c	ity?				
J		NER: JAMES								
RR #, S City, Sta	St. Address, Boate, ZIP Code	ox #: 7102 : GOODL	ROA ANI	AD 8 O KS 67735	App	ard of Agriculture plication Number			ces	
I I	WELL'S LOC			4 DEPTH OF WELL		ft.				
	N SECTION	БОХ.		WELL'S STATIC WATE	R LEVEL	ft.				
				WELL WAS USED AS:						
NV	8	NE		1 Domestic		ic Water Supply	h	9 Dewateri	3	
w	•		_	2 Irrigation 3 Feedlot	7 Dom	ield Water Suppl estic (Lawn & Ga		10 Monitorir 11 Injection	Well	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			E	4 Industrial	8 Air C	Conditioning		12 Other		
sv	v — —	SE		Was a chemical / bacteriolog				s I	No .XX	
	S		ı	Water Well Disinfected: Ye	S.AA N	01	HTH			
5 TYPE	OF BLANK CA	ASING USED:								
1 Stee				ught 7 Fibergla		Other (Specify be				
Blank	casing diamet	er 16 ir	١.	estos-Cement 8 Concret Was casing pulled?	YesXX	No		yes, how mu		
CPOU	T PLUG MATE			face .8.!BELOW i						
•	Plug Intervals:			at cement 2 Cement ground 25 ft. to 180 ft.		ntonite 4 0		From 8		
l	•			contamination:						
1 Septic tank 2 Sewer lines				6 Seepage pit		1 Fuel storage 16 Other (specify below)				
3 Watertight sewer lines			7 Pit privy8 Sewage lagoon		tilizer storage ecticide storage	•	••••••		•••••	
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens		14 Abandoned water well 15 Oil well/Gas well (CAPPED)					
!	ion from well?	SW		How many	30	00'	(014122	,		
	Γ					••••••	•••••	•		
FROM			IGGING MATERIALS							
326'	175'	CHLORINA								
175'										
180'									-	
8' .				PLATE WELDED SOLID	TO CASI	ING				
8'				PACKED OVER CASING						
6'	0	NATIVE C	LAY	S PACKED TO SURFAC	CE					
1										
7 CONTI	RACTOR'S	OF LANDOW	/NE	R'S CERTIFICATION: This	water well	was plugged	under my ju	risdiction a	nd was com	npleted on
Water V	Vell Contractor	's License No.		633 business name ofDMWV	and th	This Wat	er Well Reco	rd was comp	oleted on (mo	o/day/year)
0. 4 by (sig	±	under	the	business name of	אַרָּאָא אַ אַ	PUMP SERVIO	<u>بار</u>			
				point pen. <u>Please press firm</u>	alv and prin	nt clearly Pleas	e fill in blan	ks underline	e or circle th	ne correct
answers. Se	end top three	copies to K	ans	as Department of Health an	d Environn	nent, Bureau o	f Water, Ged	ology Sectio	n, 1000 SW	/ Jackson
St., Ste. 420), Topeka, Ka	ansas 66612	-13	37. Telephone: 785/296-552	22. Send or	ne to Water We	ell Owner an	d retain one	for your re	cords.