Form WWC-5P

						Continu	Number	Township	Number	Range	Number	
1					Fraction	Section	Number		Number	23	Number	
County.					NE 14 NE 14	14		8		23	E(W)	
Distance and direction from nearest town or city street address of well if located within city?												
405 W Main Bobbie Bell												
2		R WELL OWN	^{ER:} 405 V	V Ma	ain Street							
	RR #, St City, Sta	. Address, Bo te, ZIP Code	×#: Hill	C:	ity KS 67642 Board of Agriculture, Division of Water Resources Application Number: 4 DEPTH OF WELL 47.95 ft.							
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF WELL WELL'S STATIC WATE							
	N X											
			1		WELL WAS USED AS							
	NW	1	— NE	1	1 Domestic 2 Irrigation		: Water Supply eld Water Supp	ply	 Dewateri Monitorir 	ng Well	_	
w				E	3 Feedlot	7 Dome	stic (Lawn & Conditioning	Garden) (110 Injection	well IW-	2	
VV				-	4 Industrial					v		
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes											
Water Well Disinfected: Yes No												
	L	S		J	Water Well Disinfected: Y	esNo) 					
5	5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)												
	②PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											
Blank casing diameter												
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
What is the nearest source of possible contamination:												
		eptic tank			6 Seepage pit 11 Fuel storage 16 Other (specify below)							
2 Sewer lines 3 Watertight sewer lines					7 Pit privy 8 Sewage lagoon		12 Fertilizer storage					
4 Lateral lines 5 Cess pool					9 Feedyard 14 Abandoned water well							
		•	Now+by z	-a+	10 Livestock pens							
Direction from well? Northwest How many feet?												
FROM TO PL					JGGING MATERIALS							
(0	1.5	Conc	cre	te							
	1.5	47.95	Volc	cla	y Bentonite Grout							
<u> </u>												
-												
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed (mo/day/year)											npleted on ief. Kansas	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed of (mo/day/year)												
	by (sig	nature)	- P alide		Z							
IN				/	point pen. <u>Please press fi</u>							
					as Department of Health a							

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.