		WATER		L PLUGGING RECORD				FORM WWC-5P		KSA 82a-1212	
1 LOCATIO	ON OF WAT	TER WELI		Fraction				Section Number	Township Number	Range Number	
County: \$	Sheridan			VE 1/4	Sω	1/4	SE 1/4	4	8	30w	
Distance a	and directio	n from n						cated within city?			
2 WATER WELL OWNER: Marie Meier – No 8 Co.											
	Address, Bo		alle Mei	CI - 140 (6 CU.			Board	d of Agriculture, Division	n of Water Resources	
City State	7IP Code	н	oxie, KS	KS 67740					lication Number:		
MARK W	VELL'S LOC	ATON W	TH AN 4								
"X" IN SE	ECTION BO	X :] DEPTH (OF WELL		2	73 ft.			
	N		_	WELL'S STATIC WATER LEVEL 200 ft.							
		į									
1	! NW	! NE	1	WELLW	AS USED) AS:					
	i	i		1	Domestic	С	5 Publi	ic Water Supply	9 Dewateri	na	
w	1		Е	2	Irrigation			ield Water Supply	10 Monitorir	•	
		i	1	3	Feedlot		7 Lawr	and Garden (domest			
		į		4	Industrial	l	8		12 Other		
	Sw	– SE X	Wa	as a chemi	cal/bacter	iologica	al sample su	bmitted to Departmen	t? Yes	No X	
Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted											
<u> </u>	S		■ Wa	ater Well D	isinfected	l: `	Yes X	No			
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)											
2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile											
Blank casing diameter 16 in. Was casing pulled? Yes No x If yes, how much											
Casing height above or below land surface -36 in.											
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
Grout Plug Intervals From 3 ft. to 0 ft. From ft. to ft. From ft. to ft.											
What is the nearest source of possible contamination:											
Trial is the hearest source of possible contamination.											
· ·	otic tank		6 Se	epage pit			11 Fuels	storage	16 Other (specify	below)	
				privy				zer storage			
_								icide storage			
				Feedyard 14 Abandoned water well							
5 Ces	ss Pool		10 Liv	estock per	ns		15 Oil we	ell/ Gas well			
Direction fro	om well?						How many f	feet?	•••••		
FROM	то	CODE	DDE PLUGGING MATERIALS								
273	200		Chlorinated Sand								
200	6		Native Clay								
6	3		Bentonite								
3	0		Native (Clav							
	-		.141176	uj							
		-									
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed											
	mo/day/yr)			71					best of my knowledge	-	
Water Well Contractor's License No. 554(783) This Water Well Record was completed on (mo/day/yr)											
							of		ofter Pump & Well I		
by	(signature)	•						11801	7_		
								rs. Send three co	pies to Kansas Depart	ment of Health and	
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and											
	one for v										