					WATER WELL PLUGGING F	RECORD I	Form WWC-5P	KSA 82a-1	212 ID N	0		
1	LOCAT	ION OF WAT	ER WELL:		Fraction	Section	Number	Township	Number	Range	Number	
Cou	County: Thomas			\$	5W4 5WASE 14	13		8		31	₽ (W)	
Distance and direction from nearest town or city s						cated within ci	ty?					
2	WATER	R WELL OWN	ER: R	<u>کر</u>	rt L + 1999	y 4 1	Dible					
	Board of Agriculture Division of Water Resources											
	City, State, ZIP Code : Man W. LS U 1753 Application Number:											
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL ft.												
AN "X" IN SECTION BOX:					WELL'S STATIC WATER LEVEL 1.3.1 ft.							
_	Т	N					•••••					
					WELL WAS USED AS:							
-	NN	/ 	— NE		1 Domestic		c Water Supply	h.,	9 Dewateri			
		Y .			2 Irrigation 3 Feedlot		ield Water Supp estic (Lawn & G	•	10 Monitorin11 Injection			
W				E	4 Industrial	8 Air C	onditioning		12 Other			
Was a chemical / bacteriological sample submitted to Department? Yes								1 2				
SW——SW——SE—————————————————————————————												
					Water Well Disinfected: Y	es. X N	0					
		S										
5	5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)												
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile												
Blank casing diameter in. Was casing pulled? Yes												
	171 107											
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other												
What is the nearest source of possible contamination: 11 Fuel storage 16 Other (specify below)												
2 Sewer lines				7 Pit privy	12 Fer	12 Fertilizer storage						
Watertight sewer lines4 Lateral lines				8 Sewage lagoon9 Feedyard		ecticide storage andoned water v	المع					
5 Cess pool				10 Livestock pens		well/Gas well	¥CII					
	Directi	on from well?	SW		How man	y feet?	5.0					
			T									
F	ROM	ТО		PLU	JGGING MATERIALS							
13	7	125	Wish	لمر	Sand							
12	5	20	Bent	-O l	-1							
74	`	5	Cara			pit Floo	۱.					
SI)	<u> </u>	CAMILA	M	F (11 100 (3 15	Dit FINE	עיט					
				-								
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)												
	(mo/da	ıy/year)	(e-24	~. <i>C</i>	(1/2	and th	is record is true	e to the best o	f my knowle	dge and bel	lief. Kansas	
	water \	Well Contracto	r's License No.	the	business name of	3 renz	1 Pus wa	Cet Mell Heco	TO MES COME	pieter on (m	day/year)	
by (signature)												
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct												
					as Department of Health							

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