			WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID	NO. MW -5
1 LOCAT	ION OF WAT	ER WELL:	Fraction	Section Number	Township Number	Range Number
County: THOMAS			SENSE NNE N	4	8	33 EM
Distance and direction from nearest town or city street address of well if located within city?						
ZMILES EAST D.5 MILE SOUTH OF COLBY ON HWY 24						
2 WATER WELL OWNER: CITY OF COLBY RR #, St. Address, Box #: 585 N. FRANKLIN City, State, ZIP Code : CALBY KS 67201 Application Number:						
RR #, S	t. Address, Bo ite, ZIP Code	x# 585	N: FROM Board of Agriculture, Division of Water Resources VKS 67701 Application Number:			
	WELL'S LOC IN SECTION N	ATION WITH BOX:	4 DEPTH OF WELL 189,70 ft. WELL'S STATIC WATER LEVEL NA ft.			
			WELL WAS USED AS:			
wN	V		1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply 6 Oil Field Water Supp 7 Domestic (Lawn & G 8 Air Conditioning	oly (1) Monitor (arden) 11 Injectio	ring Well MU-S
sw	v	SE	It yes, mo/day/yr sample w	ogical sample submitted to De as submitted	epartment? Yes	No X
S Water Well Disinfected: Yes No X						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) (2) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile 9 Blank casing diameter 4 4 1 1 Blank casing diameter 4 1 1 1						
Casing height above or below land surface						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
What is the nearest source of possible contamination:						
1 Septic tank			6 Seepage pit	11 Fuel storage	(16) Other (sr	pecify below)
2 Sewer lines 3 Watertight sewer lines			6 Seepage pit 11 Fuel storage (16) Other (specify below) 7 Pit privy 12 Fertillzer storage (16) Other (specify below) 8 Sewage lagoon 13 Insecticide storage			
4 Lateral lines 5 Cess pool			9 Feedyard 14 Abandoned water well 10 Livestock pens 15 Oil well/Gas well			
Direction from well?						
FROM TO F		UGGING MATERIALS				
\sim	O 3 NATIUE.		011			
3	189.70	PRESSURI	D GROUT			
		Tresurice				
	<u> </u>					
						•
7 CONT (mo/da Water)	RACTOR'S ay/year)	OF LANDOWNE	ER'S CERTIFICATION: Thi 73.5 e business name of MIL	s water well was plugged and this record is tru This Wa	under my jurisdiction to the best of my know ater Well Record was cor	and was completed on ledge and belief. Kansas npleted on (mo/day/year)
by (sig	gnature)	2 Luder th	e business name of 1991.	LO FNUILOMCNIAL		
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct						

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answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.