				W	ITER WELL PLUGGING K	ECOHD	Form WWC-5P	KSA 828-1212 IQ	NO		
1	LOCAT	ION OF WAT	ER WÊLL:	F	raction	Section	Number	Township Number	Range	Number	
Cox	County: Thomas				% SE % SE %	1		8	34	EW	
Distance and direction from nearest town or city street address of well if located within city?											
1190 S. Range, Colby, KS											
2	WATER	WELL OWN	ER: JJOil								
					KS 67669 Board of Agriculture, Division of Water Resources Application Number:						
3		WELL'S LOC IN SECTION	ATION WITH BOX:	4	4 DEPTH OF WELL163.22						
ı	Т	N_			WELL WAS USED AS:						
	NW	·	- NE		1 Domestic 2 Irrigation		c Water Supply leld Water Supp		ring ing Well Mi	W-1	
					3 Feedlot	7 Dom	estic (Lawn & G	arden) 11 Injection	Well		
W				-	4 Industrial	8 Air C	onditioning	12 Other			
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes										
	If yes, mo/day/yr sample was submitted								l		
		_s	X	١	Water Well Disinfected: Ye	s N	o <del>/</del>				
				$\perp$							
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											
Blank casing diameter4 in. Was casing pulled? Yes No											
CROUT BLUG MATERIAL: 1 Meet coment 2 Coment omut 3 Bentonite 4 Other											
Grout Plug Intervals: From .3ft. to .163.22 ft., Fromft. toft.											
What is the nearest source of possible contamination:											
1 Septic tank					6 Seepage pit		Fuel storage 16 Other (specify below)				
2 Sewer lines 3 Watertight sewer lines				7 Pit privy 8 Sewage lagoon		tilizer storage ecticide storage		***************************************			
4 Lateral lines				9 Feedyard	14 Aba	14 Abandoned water well					
5 Cess pool 10 Livestock pens 15 Oil well/Gas well											
Direction from well? How many feet?											
FROM TO P			PLUG	GING MATERIALS					ĺ		
0		0.5	concrete								
0.5		3	native soil							ļ	
	3	163.22	bentonite g	rout						İ	
┢											
-											
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/3/14 and this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's License No											
by (signature)											
<u> </u>			<u> </u>								
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct 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.											