			٧	VATER WELL PLUGGING R	ECORD I	Form WWC-5P	KSA 82a-1212	ID NO			
1 LOC	ATION OF WAT	TER WELL:		Fraction	Section	Number	Township Nu	ımber	Range N	lumber	
County: Rooks				NW14 NW14 NE14		35	9		18	E/W	
			or cit	y street address of well if loc	ated within ci	ty?	*·····································				
	ashington Ave	e., Plainville									
J	ER WELL OW	2 N. Nev	ada	Room 434							
RR #, City, S	St. Address, Bo State, ZIP Code	ox #: Colorado	Spr	rings, CO 80903	Арр	lication Number	, Division of Water !	Resources			
1 1	K WELL'S LOC X" IN SECTION			4 DEPTH OF WELL							
	N Is a			WELL'S STATIC WATE		n.					
	X			WELL WAS USED AS:							
\ \\	1W	NE	ŀ	1 Domestic 2 Irrigation		c Water Supply ield Water Suppl	9 D	ewatering Monitoring V	Vell		
w			E	3 Feedlot	7 Dome	estic (Lawn & G	arden) 11 ir	njection We	ell		
''				4 Industrial		onditioning					
s	sw — —	— sE ——	ł	Was a chemical / bacteriolo	gical sample	submitted to De	partment? Yes	No.	\		
				Water Well Disinfected: Ye		_					
<u> </u>	Ś			YYAIGI YYGII DISIIIIGCIGG. 10	N	J					
5 TYPE	E OF BLANK C	ASING USED:									
1 St			Wrou			Other (Specify be	•				
	k casing diame	ter2 in		stos-Cement 8 Concre Was casing pulled?	Yes						
				ace							
1 4 1	UT PLUG MAT t Plug Intervals			t cement 2 Cement gro 0 ft. to 20.3 ft.	_		otherft., Fr			ft	
	t is the nearest				, 110111		/ (leg 11	JIII			
	Septic tank			6 Seepage pit	11 Fue	el storage	16 Oth	ner (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 Aba	14 Abandoned water well 15 Oil well/Gas well					
	ction from well?	?		10 Livestock pens How many							
											
FROM	то	-		GGING MATERIALS							
0	20	Bentonite (8		*		MW6					
20	20.3	Bentonite (2	")			*Casing	drilled out	to 20	•		
			•			•					
						GeoCore #130	2				
7 CON	TRACTOR'S	OF LANDOW	NEF	'S CERTIFICATION: This	water well	was plugged	under my jurisdi	ction and	was compl	eted on	
Water	r Well Contracto	r's License No.		527		This Wa	ter Well Record wa	as complet	led on (mo/d	lay/year)	
	9/19/2005		the	business name of GROCOI						••••••	
INSTRUC	TIONS: Use t	ypewriter or b	all p	oint pen. Please press fir	mly and prin	it clearly. Plea:	se fill in blanks. u	nderline o	or circle the	correct	
answers. S	Send top three	e copies to Ka	nsa	s Department of Health a	nd Environn	nent, Bureau c	of Water, Geology	Section,	1000 SW J	ackson	
St., Ste. 42	20, Topeka, K	ansas 66612	136	7. Telephone: 785/296-55	22. Send o	ne to Water W	ell Owner and ref	ain one fo	or your reco	rds.	