WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. 00179845

	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
<b></b>		, .	32	as	20_ @	
County: Rooks NE 1/NW 1/NE 1/32 95 20 E  Distance and direction from nearest town or city street address of well if located within city?						
285 X Road Palco, KS 67657						
2 WATER WELL OWNER: OWS, Inc.						
RR #, St. Address, Box #: P.O. Box 368 City, State, ZIP Code : Plainuille, KS 67663  Board of Agriculture, Division of Water Resources Application Number:						
3	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	40 ft.			
	AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL .35, 6 ft.					
	X	WELL WAS USED AS:		٠.,		
-	NW NE	1 Domestic	5 Public Water Supply			
	.	2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G			
W	E	4 Industrial	8 Air Conditioning			
	Was a chemical / bacteriological sample submitted to Department? Yes					
		If yes, mo/day/yr sample wa	as submitted			
	S	Water Well Disinfected: Ye	es NoX			
5 T	YPE OF BLANK CASING USED:	<u> </u>				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing dlameter						
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From						
1 Septic tank 6 Seepage pit 11 Fuel storage (Specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage Hydraulic						
2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage				Hydrau	lic oil	
4 Lateral lines 9 Feedyard 14 Abandoned water well						
5 Cess pool 10 Livestock pens 15 Oil well/Gas well  Direction from well?						
Direction from well? NE How many feet?						
FRO	M TO PL	UGGING MATERIALS				
0	' 3' Native	material				
3		te chips				
	DEWISK!	12 CMps				
			·		RECEIVED	
		•			NOV 1 4 soos	
					NOV 14 2008	
· · ·				BU	REAU OF WATE	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-11-08						
Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)						
by	(signature)	Lam.				
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.