W	ATER WE	LL PLU	GGING R	RECORD	Form W	VC-5P	KSA 82	a-1212 ID NO.	55 P	
1	LOCATION County: Wys	OF WATE	R WELL:	Fraction		Section	Number	Township Number	Range Number	
	Street/Rural A direction from check here	ddress of W		if unknown, di		Clobal Po Latitude: Longitude Elevation: Datum:	Global Positioning Systems (GPS) information:Latitude:39.15017 (in decimal degrees)Longitude:-94.5934 (in decimal degrees)Elevation:747.67			
2	WATER WELL OWNER: Fairfax Drainage District RR#, St. Address, Box #: City, State ZIP Code: Kansas City, KS 66115 Concention Wellow Trimble GeoXT 2008 Series									
3 W	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N									
	Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☑									
5	TYPE OF B	LANK C	ASING USE	A D :						
and the second s	Steel RMP (SR) Wrought Fiberglass Other (Specify below) Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface (20.13) in. ft.									
6	GROUT PLUG MATERIAL:									
	Grout Plug Intervals: From <u>20.13</u> ft. to <u>40.13</u> ft., From ft. to ft., From to ft.									
	What is the nearest source of possible contamination: Septic tank Seepage pit Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Lateral lines Feedyard Cess pool What is the nearest source of possible contamination: Fuel Storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well Direction from well? Direction from well? Now many feet?									
	FROM	TO	PLUC	GGING MAT	ERIALS	FROM	ТО	PLUGGING	G MATERIALS	
		10.13	Cement Gr							
	40.13	100.50	Chlorinated	d Silica Sand	<u>d</u>					
		A SOUTH VIEW OF THE SECOND OF		200000000000000000000000000000000000000						
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 02 07 2011 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 04/16/2012 under the business name of Fairfax Drainage District by (signature)										
INSTRUCTIONS: Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html.										
Check one: White Copy Blue Copy Pink Copy										