WATER WELL PLUGGING F	RECORD Form WW	C-5P KSA 82	n-1212 ID NO.	40 P
1 LOCATION OF WATER WELL:	Fraction SE 14NE 4 SE 4 NW	Section Number	Township Number T IO S	Range Number
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ch				
2 WATER WELL OWNER: Fairfa RR#, St. Address, Box #: 1620 City, State ZIP Code: Kans	Collection Method: GPS unit (Make/Model: Trimble GeoXT 2008 Series Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ✓ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m			
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL 18.7 ft WELL WAS USED AS: Domestic Public Water Supply Oil Field Water Supply Monitoring				
W Feedlot Domestic (Lawn & Garden) Injection Well Other Relief Well: Was a chemical/bacteriological sample submitted to Department? Yes No				
5 TYPE OF BLANK CASING USED: V Steel RMP (SR) Wrought Fiberglass Other (Specify below) Asbestos-Cement Concrete Tile				
Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in. ft.				
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other				
Grout Plug Intervals: From 11.24 ft. to 31.24 ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: Septic tank Seepage pit Pit privy Fertilizer storage Underground Hydrocarbons from Old Refinery Watertight sewer lines Sewage lagoon Insecticide storage Abandoned water well Cess pool Livestock pens Oil well/Gas well How many feet?				
	GGING MATERIALS	FROM TO	PLUGGING	MATERIALS
11.24 31.24 Cement Gr 31.24 77.14 Chlorinated	d Silica Sand			
	100 mm 10			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 02/21/2011 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				