W	ATER WELL PLUGGING F	RECORD Form WW	C-5P KSA 8	32a-1212 ID NO.	34 P	
1	LOCATION OF WATER WELL: County: Wyandotte	Fraction SW 1/4 SE 1/4 SE 1/4 NW !	Section Number		Range Number	
***************************************	Street/Rural Address of Well Location; direction from nearest town or intersect check here	if unknown, distance &	Global Positioning Latitude: 39.1 Longitude: -94. Elevation: 745	Systems (GPS) inform 3621 5957 580 GS84, NAD83,	nation:(in decimal degrees)(in decimal degrees)	
2	WATER WELL OWNER: Fairfax Drainage District RR#, St. Address, Box #: City, State ZIP Code: Kansas City, KS 66115 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 W	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N					
5	TYPE OF BLANK CASING USED:					
6	Steel RMP (SR) Asbestos-Cement Concrete Tile Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface (9.63) in. ft. GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: From 9.63 ft. to 31.13 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 Livestock pens Oil well/Gas well How many feet? Concrete Tile Other (Specify below) Other (specify below) Underground Hydrocarbons from Old Refinery Direction from well? Southwest How many feet? 2800					
	FROM TO PLUG	GGING MATERIALS	FROM TO	PLUGGING	G MATERIALS	
	9.63 31.13 Cement Gr					
7		d Silica Sand WNER'S CERTIFICATIO	N: This water we	II was plugged under	my jurisdiction and was	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10120 and this record is true to the best of my knowledge and belief. Kansas Water 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) 5th P.E.						
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.						
L	Check one: White Copy Blue Copy Pink Copy					