\mathbf{W}_{A}	ATER WI	ELL PLU	GGING R	ECORD	Form W	WC-5P	KSA 82:	a-1212 ID NO.	20 P
1	LOCATION County: Wy	OF WATI	ER WELL:	Fraction	1/4 NW 1/4 SN	Section	Number	Township Number T / D S	Range Number
Maydonasaa	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: Fairfax Drainage District RR#, St. Address, Box #: 1620 Fairfax Trafficway 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 WELL'S STATIC WATER LEVEL 26.2 ft WELL WAS USED AS: Domestic Irrigation Oil Field Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Industrial Air Conditioning Dewatering Monitoring Injection Well Other Relief Well								
	Was a chemical/bacteriological sample submitted to Department? Yes No								
6	Steel RMP (SR) Wrought Asbestos-Cement Concrete Tile Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface (16.50) in. Pt. GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: From 10.50 ft. to 32.50 ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feedyard Abandoned water well Cess pool Livestock pens Oil well/Gas well How many feet? Direction from well? Southwest 1000								
į	FROM	TO		GING MAT	ERIALS	FROM	ТО	PLUGGING	G MATERIALS
or Application of	32.50	32.50	Cement Gro	out I Silica Sand	d				
cor	npleted on (ell Contracto	mo/day/year's License	ar) <u> </u>	201 <u> </u>	and this i	ecord is true l Record was	to the best	of my knowledge a on (mo/day/year) 04	my jurisdiction and was nd belief. Kansas Water /16/2012 under the
business name of Fairfax Drainage District by (signature) Stylker 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. Check one: White Copy Blue Copy Pink Copy									
						CHECKO	110.	TARRES CODA E	we coby I I um coby