W	ATER WELL PLUGGING RE	CORD Form WW	C-5P KSA 82a-1	212 ID NO.		
1	County: POHAWATOMIE	Fraction NW45W	Section Number	Township Number	Range Number	
	Distance and direction from nearest to	wn or city street address of	well if located within cit	y?	•	
	5m. East of Marhattan KS					
2	WATER WELL OWNER: MIDD	LCOLCY CODD	Global Positioning S	Systems (decimal degre		
	RR#, St. Address, Box #: 611 W. 3		Latitude:			
			Elevation: Datum:			
	City, State ZIP Code: Pea Bol	04, Ks 66866	Datum: Data Collection Meth	od:		
3	MARK WELL'S LOCATION	4 DEPTH OF WELL				
	WITH AN "X" IN SECTION		_			
	BOX:	WELL'S STATIC W	ATER LEVEL 16	ft		
AL	WELL WAS USED AS:					
	NW NE	1 Domestic	5 Public Water Supp	ly 9 Dewa	nterino	
		2 Irrigation	6 Oil Field Water Su	ipply 10 Mon		
N	E	3 Feedlot	7 Domestic (Lawn &			
	sw se	4 Industrial	8 Air Conditioning	12 Othe	er	
		Was a chemical/bacte	eriological sample submit	tted to Department? Ye	es No >	
	S THE STATE OF THE					
5	TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
	2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
	Blank casing diameter 16 in. Was casing pulled? Yes No If yes, how much					
	Casing height above or below land surface 60 in.					
6	Grout Plug Intervals: From 5 ft. to 46 ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) Sewer lines 7 Pit privy 12 Fertilizer storage Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?					
	5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?					
		ING MATERIALS	FROM TO	PLUGGING MA	ATERIALS	
	0 5 100 50	01/				
	5 46 CowcR	&TR				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 138 This Water Well Record was completed on (mo/day/year) under the business name of The by (signature) was 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: 785/296-5522. Send one to Water Well Owner and retain one for your					
records. Visit us at http://www.kdheks.gov/geo/waterwells.						