COL	077288

MW-5

W	ATER WELL	PLUGGIN	IG RECORD For	m WWC-5P	KSA	82a-1212	ID NO.						
1	LOCATION County:	Wya	indotte I	action NE ¼ NE		1/4	tion Number		hip Number 11 S	Range Nur 24	mber E		
			from nearest town y – Kansas City	or city street ac	idress o	t well it loca	ited within city	/?					
2	WATER WELL OWNER: (Amoco Oil Company) Atlantic Richfield Company, a BP Affiliated Company Global Positioning System (decimal degrees, min. of 4 digits) Latitude:												
	RR#, St. Add	dress, Box	#: 2240 Blueston	Lon	Longitude: Elevation:								
	City, State, Z					Dat	um: a Collection N						
3	MARK WEL WITH AN "X			4 DEPTH OF	WELL		8.6 ft						
	BOX:	N		WELL'S ST	ATER LEV	R LEVEL		6.7 ft					
			X	WELL WAS USED AS:									
		NW -+-	NE	1 Domest	ic	5 Public	Water Supply		9 Dewater				
	w	+	- E	2 Irrigation 3 Feedlot			d Water Supp tic (Lawn & G		10 Monitori				
		sw	· SE ·	4 Industria		8 Air Cor		arueri)	12 Other _				
				Was a chemical/bacteriological sample submitted to Department? Yes No _X									
5 TYPE OF BLANK CASING USED:													
	1 Steel	3 RMP		-	7 Fiber	_	9 Ot	her (Spec	ify below)				
	2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile												
	Blank casing Casing heigh		r <u>2</u> in. Was	casing pulled?	Yes X	No	If yes, how m	nuch All					
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other												
	Grout Plug I	ntervals:	From 0.5 ft	. to 8.6	ft., F	rom	ft. to	ft.,	From	to	ft.		
			ource of possible co	ntamination:									
	1 Septic tan 2 Sewer line		6 Seepage p 7 Pit privy		-uel Sto -ertilizer	rage · storage	16 Other (specify be	elow)				
	3 Watertigh	t sewer lir											
	4 Lateral lin 5 Cess pool		9 Feedyard 10 Livestock			ned water w Gas well		on from wany feet?	ell'?				
	FROM	ТО	PLUGGING	MATERIALS	Т	FROM	TO	PL	UGGING MA	TERIALS			
	0	0.5	As	phalt									
	0.5	8.6	Ben	tonite						NII			
CC	mpleted on (r	no/day/ye		11and	this rec	ord is true t	o the best of i	my knowl	edge and beli	ef. Kansas V			
	ell Contractor isiness name	s License	No. 531	I nis Wat	er well	Record was	s completed o	п (mo/da)	y/year) 02	/10/11 und	der the		
of		Geote	chnical Services, I	nc. b	y (signa	ture)	Moio	<u> Uga</u>	del				
IN	STRUCTION	S: Please	e fill in blanks or circ	le the correct a	nswers	Send ton	three copies t	<i>l</i> o Kansas	Department	of Health and	1		
Er	nvironment, B	ureau of V	Vater, Geology Sec	tion, 1000 SW	Jackson	St., Ste. 42	20, Topeka, K	ansas 66	612-1367. To	elephone:			