W.	ATER WELL PLUGGING RE					
1	LOCATION OF WATER WELL: County: Wyan dotte	Fraction SW1/SE 1/4NW1/2	Section Number	Township Number	Range Number	
	Distance and direction from nearest town or city street address of well if located within city?					
	37 5 James St, Kensus City, Kensus					
2	WATER WELL OWNER: /7/ de	Global Positioning Systems (decimal degrees, min. of 4 digits				
	RR#, St. Address, Box #: 1630 5 Church 57		Latitude: <u> </u>			
	City, State ZIP Code:	shows TW	Elevation: 747.55			
	City, State ZIP Code:	7.7	Datum:			
		3 7/30	Data Collection Metho	d: Survey		
3	MARK WELL'S LOCATION	SLOCATION 4 DEPTH OF WELL it.				
	WITH AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL ft				
	N	WEEL STITLE WIT	TERES, US			
		WELL WAS USED AS:				
	NW NE 1 Domestic 5 Public Water Supply			, 0 Dawa	toring	
	2 Irrigation		5 Public Water Supply 6 Oil Field Water Supply 9 Dewatering 10 Monitoring			
V	E 3 Feedlot		7 Domestic (Lawn & Garden) 11 Injection Well			
	sw se 4 Industrial 8 Air Conditioning 12 Other				·	
		Was a chemical/bacteriological sample submitted to Department? YesNoNo				
	S					
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 in. Was casing pulled? Yes No If yes, how much 3					
	Casing height above or below land surface ? 6 in.					
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Puel Storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage					
	3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage					
	4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? 25 Sec. 7 SE					
	5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?					
	FROM TO PLUGO	GING MATERIALS	FROM TO	PLUGGING MA	TERIALS	
	23 3 Bento	nite Growt				
	3 O.S Native	soil/send				
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 This Water Well Record was completed on (mo/day/year) under the business name of ATC Associates by (signature) (1/29/08 under the contractor's License No and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) under the business name of ATC Associates by (signature) (1/29/08 under the contractor's License No and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) under the business name of and the contractor's License No						
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.						