WA	ATER WE	LL PLU	GGING R	ECORD	Form WW	C-5P	KSA 82	a-1212 ID NO.	10 P	
1	LOCATION County: Wy	OF WATE		Fraction	1/4NE 1/4 NW	Section	Number	Township Number	Range Number	
2	Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here check here check here check here was address, check here was address. Address was address, check here was address, check here was address. Address was address, check here was address. Address was address was address was address. Address was address was address was address. Address was address was address was address was address was address. Address was address was address. Address was address. Address was addre									
-	RR#, St. Address, Box #: 1620 Fairfax Trafficway City, State ZIP Code: Kansas City, KS 66115  Digital Map/Photo,									
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N  4 DEPTH OF WELL 86.00 ft. WELL'S STATIC WATER LEVEL 22.3 ft									
W	WELL WAS USED AS:    NW									
5	TYPE OF BLANK CASING USED:									
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile									
	Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in ft.									
6	GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other									
	Grout Plug Intervals: From 17.18 ft. to 38.68 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 Lateral lines Cess pool  Sewage lagoon Livestock pens Oil well/Gas well  Other (specify below) Underground Hydrocarbons from Old Refinery  Direction from well?  Mothwest How many feet?									
	FROM	TO 204.0		GING MAT	ERIALS	FROM	TO	PLUGGIN	G MATERIALS	
	17.18 38.68	38.68 86.00	Cement Gro Chlorinated		<u> </u>					
	30.00									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11 05 2010 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) 56 pt. PE										
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									