PLUGGING IDNO. WELL # P21

	LOCATION CENTER										
1	1 LOCATION OF WATER WELL:				Fraction	Section Number	Township Number		Range Number		
	T when	CUGLAS			NE 5W 5W	13	1.2	South	19	æ.	
			nooroot tour		ity street address of well if loc		12	South	11	E)W	
DIS											
T		760	NE d	OF	N 1800 RD & 100	ON SINEEL					
2	WATER	R WELL OW	NER:	X	MR ENERLY LENCE ENERLY CO N 1800 AB	ATED					
	RR # St	. Address, B	οx #·	news	A 1800 AN	Board of Agriculture	e Division	of Water Resource	-00		
		te, ZIP Code		-14	CENCE KS. 6604	4 Application Number		or water riesoure	.03		
3	MADIC	WELLIOLOG			4 DEPTH OF WELL	47 ft.					
	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			1							
	N				WELL'S STATIC WATE	R LEVEL 25 ft.					
ſ				٦	WELL WAS USED AS:						
	NW	/	— NE ——	1	1 Domestic	5 Public Water Supply		9 Dewateri			
					2 Irrigation 3 Feedlot	6 Oil Field Water Sup7 Domestic (Lawn & C		▼0 Monitorir 11 Injection			
W				E	4 Industrial	8 Air Conditioning	,	•			
		X			Marine and a select the extent	talaan la tuut B					
}	SW	/ 	— SE ——	\dashv	Was a chemical / bacteriological sample submitted to Department? Yes						
l		S			Water Well Disinfected: Ye	esX No					
5	5 TYPE OF BLANK CASING USED:										
	1 Stee										
	2 PVC	2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile									
			terZ		Was casing pulled?		.X	If yes, how mu	ch		
	Casing	height abov	e o below ar	nd su	face36	in. OF FINISH GRA	DĖ				
6	GROU ⁻	T PLUG MAT	ERIAL:	€Ne	eat cement 2 Cement gro	out 3 Bentonite 4	Other				
	Grout F	Plug Intervals	: Fro	m	.47 ft. to3 ft.	., Fromft. t	to	ft., From	to	fi	
	What is	the nearest	source of pos	ssible	contamination:						
1 Septic tank					6 Seepage pit	11 Fuel storage		16 Other (specify below)			
	2 S	ewer lines	lines		7 Pit privy	12 Fertilizer storage		LANDFILL			
3 Watertight sewer lines4 Lateral lines			er lines		8 Sewage lagoon	13 Insecticide storage					
5 Cess pool				9 Feedyard 10 Livestock pens		14 Abandoned water well 15 Oil well/Gas well					
			· W/NI	a.t	·						
	Directi	on from well		έ . Υ	How many	/ feet? 750	••••••				
	FROM	то		PL	JGGING MATERIALS						
	47	3	NEA	7	EMENT						
					•						
		-		-							
_											
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION. This water well was alwayed under my invitation and water well was alwayed.									malatad ==	
	(mo/da	y/year)	10/+10	.7	TO CETTIFICATION: TIL	and this record is tru	ater well was plugged under my jurisdiction and was completed on and this record is true to the best of my knowledge and belief. Kansas				
	Water V	Vell Contracto	or's License No	0	This Water Well Record was completed on (mo/day/ye business name of Schmionesn Excalands (MC				o/day/year)		
		. <i>⊔/.5.7.0.7</i> inature)	Junde	er the	business name of	OCHMIDITEIN EX	EALA.T	NG ING			
IN	STRUCTI	ONS: Use	typewriter or	ball	point pen. Please press fir	mly and print clearly. Plea	ase fill in	blanks, underlin	e or circle t	he correct	
an	sweis. Se	and tob trite	e cobies to i	rvans	as Department of Health a	ına ⊑nvironment, Bureau	oi water	, declogy Section	л, тооо 57	v Jackson	

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.