Form WWC-5P

KSA 82a-1212

ID NO. 00366373

1 LO	CATION OF W	ATER WELL:	Fraction	Section Number	Township	Number	Range	Number
County: Dickinson SE4 NW4 NW			SE4 NW14 NW14	32	12		4	⊕ w
Distance and direction from nearest town or city street address of well if located within city?								
302 E. 4th St Chapman, KS 2 WATER WELL OWNER: Home Oil Company								
2 WA	TER WELL OW	VNER: Home C	oil Company					
RR #, St. Address, Box #: City, State, ZIP Code : Chapman KS 67431 Board of Agriculture, Division of Water Resources Application Number:								
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL								
WELL'S STATIC WATER LEVEL .26 ft.								
			WELL WAS USED AS:					-
	w	— NE —	1 Domestic 2 Irrigation	5 Public Water Sup6 Oil Field Water St		9 Dewatering 0 Monitoring		
w		E	3 Feedlot 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning	Garden)	Injection W 2 Other	/ell	
				3				
Was a chemical / bacteriological sample submitted to Department? Yes								
Water Well Disinfected: Yes NoX								
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)								
②PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
			Was casing pulled? acei	Yes No n.) If ye	es, how much	ı .	
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: From								
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)								
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide stora				
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens	14 Abandoned wate 15 Oil well/Gas well	er well			-
Direction from well?								
FROM	T	T						
- FROM	10		GGING MATERIALS					
<u> </u>	3'	Native w	vaterial					
5	40	Bentonite	chips					
CONT	RACTOR'S C	OF LANDOWNER	'S CERTIFICATION: This	water well was plugge	Id under my juris	sdiction and	i was com	inleted on
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-29-10 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) 4-28-10 under the business name of Green Field Contractor's								
hy (eig	8 - 10	under the b	ousiness name of Green	Field Contrac	tor.S	was comple		
by (signature) gorn Person								

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kańsas 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.