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ATED WEL	ı D	LIGG	SIME	DECO	

RD Form WWC-5P KSA 82a-1212 ID NO.00366427

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number				
County: Dickinson	SE'4 NW 14 NW 14	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								
RR #, St. Address, Box #: Rt. 1, Box 4  Board of Agriculture, Division of Water Resources								
City, State, ZIP Code : Chapman KS 67431 Application Number:								
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 25 ft.								
WELL'S STATIC WATER LEVEL NA. ft.								
V	WELL WAS USED AS:							
X <sub>NW</sub> NE NE	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Suppl</li></ul>	9 Dewateri y 10 Monitorir	•				
W	3 Feedlot	7 Domestic (Lawn & Ga	erden) 11 Injection	Well				
	4 Industrial	8 Air Conditioning	12 Other	SUE				
Was a chemical / bacteriological sample submitted to Department? Yes								
	Water Well Disinfected: Yes	s NoX						
S								
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wro 2 PVC 4 ABS 6 Asb	ught 7 Fibergla estos-Cement 8 Concrete							
Blank casing diameter in.				ch 3'				
Casing height above or below land sur	Was casing pulled? faceii	↑ Yes No No	If yes, how mu	3ff				
6 GROUT PLUG MATERIAL: 1 Ne	at cement 2 Cement grou	t (3)Bentonite 4 Of	ther					
Grout Plug Intervals: From		•	ft., From					
What is the nearest source of possible	contamination:							
<ul><li>1 Septic tank</li><li>2 Sewer lines</li></ul>	6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (spec	•				
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage						
4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	14 Abandoned water w	ell					
Direction from well?	• •	eet?						
	Tiow many i							
FROM TO PLU	GGING MATERIALS							
0' 3' Native r	naterial							
3' 25' Bentonite								
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)329								
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)								
Water Well Contractor's License No.  H-28-10 under the business name of Green Field Contractors  by (signature) Services								
by (alginature)								

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 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.