| MW-7 WATER WELL PLUGGING RECORD FORM WWC-5P KSA 82a-1212 | | | | | | | | | | | | 12 | | | | |
|----------------------------------------------------------|-------------------------|-----------------------------------------------|-----------|--------------------------|----------|--------------------------|---------------|---------------------------------------|---------------------------------------------------------------------------------|-------------------|--------------|-----------------|----------------------------------------|----------|--------------|--------------------|
| 1 LOCATION OF WATER WEL | | | LL: F | raction | n | | | | Sect | ction Number | | Township Number | | | Range Number | |
| County: | Geary | | | NE | 1/4 | NE | 1/4 | NW | 1/4 | | 1 | | | 12S | | 5E |
| | and directi | | | | | street a | ddres | s of we | ll if lo | cated | within city' | ? | | | | |
| | 0) Grant A | | | | | | | | | | | | | | | |
| | R WELL OW Address, B | | | | | nemica | ils, in | C. | | | D | | | | | -044 |
| l l | te, ZIP Cod | | | | | 77267_4 | 1411 | | | | | | | | ision | of Water Resources |
| | WELL'S LO | | | | | 7207-4 | 1411 | | | | Ар | plicati | on Num | iber: | | |
| 3 "X" IN 9 | SECTION BO | OX: | | 4 0 | EPTH | OF WEL | L | | 3 | 3 | | ft. | | | | |
| × | X | | 7 | İ | | STATIC | | R LEVE | L | Unk | nown | ft. | | | | |
| | . n'w | NE | - | | | | | | | | | | | | | |
| | | | | | Domest | | | | | , | | 9 Dewaterin | | | | |
| w | | _ | E | E 2 Irrigation 3 Feedlot | | | | | 6 Oil Field Water Supply7 Lawn and Garden (domestic) | | | | 10 Monitoring Well) 11 Injection Well | | | |
| | | | | | | Industria | | | | and G ondition | , | iestic) | | | | |
| | · SW | ŠE | _ | | | | | | | | _ | | | | | |
| | ! | ! | 1 | Was a | chemi | cal/bacte | riologic | cai samp | ole sul | bmitted | to Departm | nent? | Y | es | No |). <u>X</u> . |
| L _ | | | _ | Water | Well D | y/yr samp Disinfected | pie was d: | Yes | | No 2 | <u>X</u> | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | | | | | | | | | | | | |
| | el | 3 RMP | | 5 | Wrougl | ht | 7 | 7 Fiberg | lass | | 9 Othe | er (spec | cify belov | v) | | |
| 2 PVC | | 4 ABC | | 6 | Asbest | os-Ceme | ent 8 | 3 Concr | ete Ti | le | | | | | | |
| Blank ca | ising diamet | er2 | in | . Wa | ıs casin | ig pulled? | ? Yes | 5 <u>X</u> | _ No | | If yes, hov | w much | 33 ft | | | |
| Casing h | height above | or below | land sur | rface | | 0 | in. | | | | | | | | | |
| 6 GROU | T PLUG MA | TERIAL: | 1 Neat | t cemer | nt 2 | Cement | grout | [3 | Bent | onite | 4 C | Other | | | | |
| 1 | | | | | | | | | | | | | | | | |
| 1 | the nearest | | | | | | t. Fron | n | | π. ι | to | | ft. From | | π | t. toft. |
| 1 Se | ptic tank | | 6 | 6 Seepage pit | | | | | 11 Fuel storage | | | | 16 Other (specify below) | | | |
| 2 Se | 7 | Pit priv | /y | | | _ | | er stora | age | | | | | · | | |
| 3 Wa | atertight sew | er lines | 8 | Sewag | je lagod | on` | | 13 Ir | sectio | cide sto | orage | | | | | |
| 4 Lat | teral lines | | | Feedya | | | | 14 A | bando | oned w | ater well | | | | | |
| 5 Ce | ss Pool | | 10 | Livesto | ock pen | S | | 15 O | il well | / Gas v | well | | | | | |
| Direction fro | om weil? 1 | 1 | | . | • • • • | | | How ma | any fe | et? 40 |) | | | | | |
| FROM | TO | CODE | | | | PLUGGI | NG MA | TERIA | LS | | | | | | | |
| 0 | 0.5 | | Comp | actec | l clay | or con | ncrete | 9 | | | | | | | | |
| 0.5 | 33 | | Bento | nite | | | | | | | | | | | | |
| | | | | | | | | | | | | 1 | | | | |
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| | | <u>ا</u> ــــــــــــــــــــــــــــــــــــ | | | | | | | | | |] | | | | |
| 7 CON | TRACTOR'S | S OR LAI | 4DOM | | | | | | | | | | | | | • |
| on (n | no/day/yr) | | | 11/ | /8/04 | | | • • | | | | | • | | - | d belief. Kansas |
| Wate | er Well Con | | Licens | | | | 616 | | | This | | | | | | on (mo/day/yr) |
| | | 5/05 | | under | r the | usiness | name | of | | | | Thie | e Geo | tech, In | C. | |
| by (| (signature) | | <u>ب</u> | <u>∸</u> d/ | ساسه | | | | | - | | | | | | |
| INST | RUCTIONS | 3: Please | e fill in | blanks | and o | circle th | e corr | ect ans | swers | s. Sei | nd three c | opies | to Kan | sas Dep | artme | ent of Health and |
| | onment, Bu | | | , Tope | ka, Ka | ınsas 66 | 6620-C | 0001. | Tele | ohone | : 785-296 | 3-3565 | 5. Send | l one to | Wate | r Well Owner and |