| WATER V | WELL PLUGGING RECORD | 36° 08,794 N | (SA 82a-1212 1 . 94° 42. | 146 W | | | |
|--|-------------------------------|---|-----------------------------|---------------|--|--|--|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number | | | |
| County: (100 | SE 1/4SE 1/4 NW4 | フ | 22 | 25E | | | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | |
| 1.5 South and 14 EAST of | | | | | | | |
| 2 WATER WELL OWNER: KS. Dept. of Transportation | | | | | | | |
| RR#, St. Address, Box #: 507 N. Maple Board of Agriculture, Division of Water Resources City, State, ZIP Code: Garnett, KS. 66032 Application Number: | | | | | | | |
| S MAKE WELL'S LOCATION WITH 4 DEPTH OF WELL | | | | | | | |
| AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL | | | | | | | |
| WELL WAS USED AS: | | | | | | | |
| N E | Domestic | | | | | | |
| | 2 Irrigation 3 Feedlot | 7 Lawn and Garden (| Only 11 Injection | n Well | | | |
| W | E 4 Industrial | 8 Air Conditioning | 12 Other | | | | |
| Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted | | | | | | | |
| Water Well Disinfected: Yes X No | | | | | | | |
| S 5 TYPE OF BLANK CASING USED: | | | | | | | |
| | | | | | | | |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | | | |
| Blank casing diameter 20in. Was casing pulled? Yes No If yes, how muchin. | | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Near | | • | | | | | |
| Grout Plug Intervals: Fromft. te5ft., Fromft. toft., From toft. | | | | | | | |
| What is the nearest source of possible contamination: WONE | | | | | | | |
| 1 Septic tank 2 Sewer lines | , , | 11 Fuel storage 12 Fertilizer storag | • | pecify below) | | | |
| 3 Watertight sewer lines 4 Lateral lines | 8 Sewage lagoon 9 Feedyard | 13 Insecticide stora | age | | | | |
| 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well | | | | | |
| Direction from well? How many feet? | | | | | | | |
| FROM TO PI | LUGGING MATERIALS | | | | | | |
| 34 7 Limestone brave 1 + Lining | | | | | | | |
| 7 4 Compacted Clay | | | | | | | |
| 6 5 Bent | | | | | | | |
| 5 0 compac | , , , , | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed | | | | | | | |
| on (mo/day/year). 104 | | | | | | | |
| by (signature) | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas | | | | | | | |
| 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records. | | | | | | | |

| | WATER | WELL PLUGGING RECORD | Form WWC-5P | (SA 82a-1212 794 N • 94° | 42 533 W | | | |
|---|--|--|--|--|-------------------|--|--|--|
| 1 LOCATION | OF WATER WELL: | Fraction | Section Number | Township Number | Range Number | | | |
| County: | וחט . | SE 1/4SE 1/4 NW | 7 | 3 2 | 25 E | | | |
| Distance and direction from nearest town or city street address of well if located within city? 1.5 South and it East of Plansforking 2 WATER WELL OWNER: Ks. Dept. of Transforking. | | | | | | | | |
| | | | | | | | | |
| RR#, St. Address, Box #: 507 N. Maple Board of Agriculture, Division of Water Resources City, State, ZIP Code: 6 K. KS LL032 Application Number: | | | | | | | | |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVELNO.N.Cft. Dry | | | | | | | | |
| WELL WAS USED AS: | | | | | | | | |
| N W | X | 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial | 5 Public Water Sup 6 Oil Field Water 7 Lawn and Garden | Supply 10 Monitorir Only 11 Injectior | ng Well n Well | | | |
| Was a chemical/bacteriological sample submitted to Department? YesNo | | | | | | | | |
| | s | └ Water Well Disinfed | ted: Yes No | NO WHIEL | | | | |
| 5 TYPE OF | BLANK CASING USED: | | | | | | | |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | | | | |
| Blank casing diameter 36in. Was casing pulled? Yes No If yes, how much | | | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 entonite 4 Other | | | | | | | | |
| Grout Pl | ug Intervals: F | romft. toft | ., Fromft. to | oft., From | toft. | | | |
| What is the nearest source of possible contamination: $\mu u u u$ | | | | | | | | |
| 2 Sewe 3 Wate | ic tank or lines ortight sewer lines oral lines Pool | 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens | 11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water of 15 Oil well/Gas well | ge age well | ecify below) | | | |
| Directio | n from well? | | How many feet? | | | | | |
| FROM | TO F | PLUGGING MATERIALS | | | | | | |
| 13 | 7 Limes | tom brarel | | | | | | |
| 7 | | paoted Clay | | | | | | |
| 6. | 5 Ben | tonito | | | | | | |
| 5 | D Comp | acted Clay | | | | | | |
| | | <u> </u> | | | | | | |
| | | | | | | | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | | | |
| 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records. | | | | | | | | |