| 2111060 | o mi | N-3 | ELL PLUGGING RECORD | Form WWC-5P | KSA 82a-1212 | | |
|---|--|-----------------------------|--|--|---|--------------------|--|
| | ON OF WATER | _ | Fraction | Section Number | Township Number | Range Number | |
| county: Harvey | | | NE 1/4 NE1/4 NE1/4 | 8 | 23 | 16 | |
| | and direct | ر ion from nea | rest town or city stree - Newton K | | located within city | /? | |
| 2 WATER V | VELL OWNER | :Vernon 1 | Perrill | | | | |
| RR#, St. / | Address, Be te, ZIP Co | ox #:RR4, de :Hessi | Box 506 Hon, KS 67602 | Application No | | f Water Resources | |
| 3 MARK WE | IN SECTION | TION WITH | 4 DEPTH OF WELL | l&. <i>(</i>),. | | | |
| | N SECTION | | WELL'S STATIC WAT | er level <i>9.99/.</i> D | ft. | | |
| | | X | WELL WAS USED AS: | | | | |
| N | \ <u>\</u> | N E | 1 Domestic 2 Irrigation | | ply 9 <u>Dewater</u> Supply 10 Monitor | | |
| | | | 3 Feedlot 4 Industrial | 7 Lawn and Garden | Only 11 Injection | on Well | |
| W | | | 4 Industriat | 8 ATT CONDICTORING | iz other | | |
| s | Was a chemical/bacteriological sample submitted to Department? YesNo | | | | | | |
| | S | | Water Well Disinfec | ted: Yes No. | X | | |
| 5 TYPE O | F BLANK CA | SING USED: | | | | | |
| 1 Stee | 4 ABS | 6 Asb | estos-Cement 8 Concr | ete Tile | (specify below) | | |
| Blank casing diameterZin. Was casing pulled? Yes.X. No If yes, how much 18.ft Casing height above or below land surfaceLustin. overdrilled to 20 feet | | | | | | | |
| | | IAL: 1 Neat | | ut & Bentonite | 4 Other | | |
| Grout Plug Intervals: From. 18ft. to. Oft., Fromft. toft., From toft. | | | | | | | |
| What is | s the near | est source of | f possible contamination | n: | | | |
| 2 Set 3 Wat 4 Lat | otic tank wer lines tertight so teral lines ss Pool | ewer lines | 7 Pit privy | 11 Fuel storage 12 Fertitizer storage 13 Insecticide storage 14 Abandoned water of 15 Oil well/Gas wel | ge age well | specify below) | |
| 1 | | ell? Sou | ah | How many feet? .5 | | | |
| FROM | то | | JGGING MATERIALS | | | | |
| | _ | D 1 | \$ 1 ₄ | | | | |
| 18_ | 0_ | Bento | on te | | | | |
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| | / al a / a a | 11/11/46 | CERTIFICATION: This wate 2and this reconse No53 under the business nam | | at af my knowladge i | and boliof Popos | |
| underline Bureau of | or circle | the correct peka, Kansas | r ball point pen. <u>Plea</u> answers. Send top thr 66620-0001. Telephon | ee copies to Kansas i | Department of Healt | n and Environment, | |