WATER WELL PLUGGING RI		7 5D TZCL 03 - 1313	GW-21
1 LOCATION OF WATER WELL:	Fraction		ID NO. Range Number
County: LIWN	NE45E 45W	1/4 12	2-3 S 2-3 CEW
Distance and direction from nearest to	own or city street address of	well if located within city?	
2 WATER WELL OWNER: Continue what Continue Global Positioning Systems (decimal degrees, min. of 4 digits RR#, St. Address, Box #: RR#, St. Address, Box #: The string of the positioning Systems (decimal degrees, min. of 4 digits of the positioni			
2 WATER WELL OWNER: Const	-inserval Cont Inc	Global Positioning System	s (decimal degrees, min. of 4 digits
RR#, St. Address, Box #:	ol Mastin, Suiteg Mand Park, KS	Longitude: U 94.7 Elevation: ± 890	90
City, State ZIP Code:	015,919 Mar	Datum: 1978 MAN	tey kans uses Quall Armin GPS #72
3 MARK WELL'S LOCATION	4 DEPTH OF WELL	57.5 ft.	HENNIO G13 1/20
WITH AN "X" IN SECTION BOX:		ATER LEVEL 17.8	_ft
N	WELL WAS USED A		
NW NE	1. Danier-the	f D 11' W/ C 1	0.75
W E	1 Domestic 2 Irrigation 3 Feedlot	5 Public Water Supply6 Oil Field Water Supply7 Domestic (Lawn & Garde	9 Dewatering 10 Monitoring en) 11 Injection Well
SW SE	4 Industrial	8 Air Conditioning	12 Other
S		riological sample submitted to	Department? YesNo X
5 TYPE OF BLANK CASING USED:			
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile			
Blank casing diameter in. Was casing pulled? Yes No If yes, how much 3 Casing height above or below and surface in.			
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other			
Grout Plug Intervals: From <u>57.5 ft.</u> to <u>3.0 ft.</u> , From ft. to ft., From to ft.			
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage			
3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?			
5 Cess pool 10 Livest			The same of the sa
	GING MATERIALS	FROM TO I	PLUGGING MATERIALS
57.5 3.0 NeAT C	ement		
3.0 0.0 CompA	cted Soil MATL	,	
T COMPLETED AS OF A LINE OF THE		The second secon	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)			
Well Contractor's License No This Water Well Record was completed on (mo/day/year)/2+2-20// under the			
		0 /	DIMULY BENTLEY
INSTRUCTIONS: Use typewriter or ballpoint 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, 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. Visit us at http://www.kdheks.gov/geo/waterwells.			