WATER V	VELL PLUGGING RECORD	Form WWC-5P	(SA 82a-1212	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: BUTLER	SE1/4SE1/4SE1/4	ク	23	SE.
Distance and direction from nearest town or city street address of well if located within city? **EST OF ISO TH NW AND NW PURITY SPRINGS ROAD				
2 WATER WELL OWNER: RUTH WAGNER TRUST CO DAVID WAGNER RR#, St. Address, Box #: 1025 Rim ROCK RD Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box #: NAS KIN KOCK Board of Agriculture, Division of Water Resources City, State, ZIP Code: ELDORADO, KS 670/7 Application Number: 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVELft.				
	WELL WAS USED AS:			
N W N E	1 Domestic 2 Irrigation 3 Feedlot E 1 Industrial	5 Public Water Sup 6 Oil Field Water 7 Lawn and Garden 8 Air Conditioning	Supply 10 Monitorin Only 11 Injection	g Well Well
Was a chemical/bacteriological sample submitted to Department? Yes				
s x	Water Well Disinfect	ed: (Yes) No	 CLoRox	
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 diameterin. Was casing pulled? Yes No If yes, how muchin.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From. 6.ft. to.5ft., Fromft. toft., From toft.				
What is the nearest source of possible contamination: Nove				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	7 Pit privy 8 Sewage lagoon 9 Feedyard	11 Fuel storage 12 Fertilizer storag 13 Insecticide storag 14 Abandoned water u 15 Oil well/Gas wel	age Well	ecify below)
Direction from well? How many feet?				
FROM TO PL	UGGING MATERIALS			
25' 18' ROCK	AND CLAV			
18' 17' BENTON		6		
714	ROCK - OIRT			
	ITE COVER PLU	<u>`6</u>		
5' O' DIRT				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 13.3.5				
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: 913/296-3565. Send one to Water Well Owner and retain one for your records.				