LOCATION OF WATER WELL: Fraction SE 1/4 SE1/4 NW/4 25 S E		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212	
Distance and direction from nearest town griety street address of well if located within city? 2 mi Mest 6 mi North 1/2 mi Mest 1/2 m	ł i	i		ber Township Number	Range Numbe
Distance and direction from nearest town griety street address of well if located within city? 2 mi Mest 6 mi North 1/2 mi Mest 1/2 m	County: Green	wood SE1/4 SE1/4	NW14 11	255	8 <i>E</i>
RES. St. Address, Box St. AD Box 82 Board of Agriculture, Division of Water Resour City, State, 2IP Code: EUREMA, Ks. 67945 Application Number: Application Will Application Application	Distance and direct	ion from nearest town or ci	ty street address of we	ll if located within city?	
RES. St. Address, Box St. AD Box 82 Board of Agriculture, Division of Water Resour City, State, 2IP Code: EUREMA, Ks. 67945 Application Number: Application Will Application Application	12 m; We	57, 6 MI North,	1/2 mi east of E	ureka	
AMARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL					Notes Becourse
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL	City, State, 2IP Co	de : EUREKA, KS	67045 Applicati	ion Number:	water Resource
MELL WAS USED AS: Domestic 5 Public Vater Supply 9 Dewatering 2 Irrigation 6 Dit Field Vater Supply 10 Monitoring Well 3 Feediot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other		N BOV.			
Domestic Spublic water Supply 9 Dewatering 1 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other	N	WELL'S ST	ATIC WATER LEVEL	ft.	
2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feediot 7 Lawn and Garden Oily 11 Injection Well 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other		WELL WAS	USED AS:		
3 Feediot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other S Was a chemical/bacteriological sample submitted to Department? YesNo. If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes. X No 5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile 10 MINUSE. IEEE 12 MINUSE. IEEE 1	N W	N E	stic 5 Public Water	Supply 9 Dewaterin	
S S S S S S S S S S				den Only 11 Injection	Well
If yes, mo/day/yr sample was submitted. S S S TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass Dther (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameterin. Was casing pulled? Yes No		E 4 Indu	strial 8 Air Conditio	oning 12 Other	• • • • • • • • • • • • • • • • • • • •
If yes, mo/day/yr sample was submitted. S S S TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass Dther (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameterin. Was casing pulled? Yes No		—S F——— Was a chemi	cal/bacteriological same	ale submitted to Departmen	t? Yes No 2
S TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 2 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile		If yes, mo/			
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass Other (specify below) 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Native N		Water Well	Disinfected: Yes.X	No	
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass Dether (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tite NATIVE POLICY (AUC) Blank casing diameter	S				
Blank casing diameterin. Was casing pulled? Yes No If yes, how much	5 TYPE OF BLANK CA	SING USED:	_		
Blank casing diameterin. Was casing pulled? Yas No If yes, how much		(SR) 5 Wrought	7 Fiberglass 90t	her (specify below)	duo
Casing height above or below land surface					•
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	Blank casing diam Casing height abo	neterin. Was ove or below land surface	casing pulled? Yes in.	No If yes, how r	nuch
Grout Plug Intervals: From. From. From. ft. to ft., From. ft., ft., From. ft., ft., From. ft., From. ft., From. ft., From. ft., ft., From. ft., From. ft., From. ft., From. ft., ft., From. ft., ft., From. ft., From. ft., ft., From. ft., From. ft., ft., ft., ft., ft., ft., ft., ft.				e 4 Other	
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 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 livestock pens 15 Oil well/Gas well Direction from well? West, north How many feet? 50 FROM TO PLUGGING MATERIALS Plugging MATERIALS Plugging MATERIALS Plugging MATERIALS Tompacted clay 5 4.5 Bentonite 4,5 D (top) compacted Clay This Water well Record was completed on (mo/day/year) July/18, 1915 and this record is true to the best of my knowledge and belief. Kar Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by (signature) How was completed on the business name of by the business name of by the business name of by the	H				
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3 Watertight sewer lines 8 Sewage Lagoon 13 Insecticide storage 4 Lateral Lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 0il well/Gas well Direction from well?					~
Direction from well? West, North How many feet? FROM TO PLUGGING MATERIALS P /			on 13 Insecticide :	storage	
FROM TO PLUGGING MATERIALS 7 / 6	5 Cess Pool	(10) Livestock pe	ens 15 Oil well/Gas		•
7 CONTRACTOR'S OR LANDCHNER'S CESTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). July 18, 1995. and this record is true to the best of my knowledge and belief. Kar Water Well Contractor's License No	Direction from we	111? west, nor	How many feet?	50	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). July 18, 1995 and this record is true to the best of my knowledge and belief. Kan Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year). July 18 under the business name of by (signature). However, and the point pen. Please press firmly and print clearly. Please fill in blar underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment.	FROM TO	PLUGGING MATERIALS			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). July 18, 1975 and this record is true to the best of my knowledge and belief. Kan Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year). July 18 in the contractor's License No. INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blar underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment.	n 10 6	washed gravel	'. rock		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). July 18, 1995. and this record is true to the best of my knowledge and belief. Kan Water Well Contractor's License No					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). July 18., 19.5. and this record is true to the best of my knowledge and belief. Kan Water Well Contractor's License No		Compacted C	1 aug		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). July 1.8, 1995. and this record is true to the best of my knowledge and belief. Kan Water Well Contractor's License No		. 1			
on (mo/day/year). July 18, 1995 and this record is true to the best of my knowledge and belief. Kar Water Well Contractor's License No	4,5 0 ()	op) compacted	day		
on (mo/day/year). July 1.8, 1995. and this record is true to the best of my knowledge and belief. Kar Water Well Contractor's License No		***************************************			
on (mo/day/year). July 18, 1995 and this record is true to the best of my knowledge and belief. Kar Water Well Contractor's License No					,
on (mo/day/year). July 18, 1995 and this record is true to the best of my knowledge and belief. Kar Water Well Contractor's License No					
by (signature) . D. A	7 CONTRACTOR'S OR L	ANDOWNER'S CERTIFICATION:Th	is water well was plugge	ed under my jurisdiction a	nd was comple
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blar underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment	on (mo/day/year). Water Well Contra	Luly. 1.8., 1.7.9.5. and the ctor's License No.	is record is true to the	e best of my knowledge and Well Record was completed	belief. Kan on (mo/dav/ye
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blar underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environmen	by (signature)	under the busin	eds name of	***************************************	
underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environmen					
	underline or circle	the correct answers. Send	top three copies to Kans	as Department of Health a	nd Environmen
one for your records.					