WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.							
1	LOCATION OF WATER WELL: County: SCD GWTCK	Fraction 1/4 N	W1/4 NE1/2	Section	on Number	Township Number 26 S	Range Number E/W
Distance and direction from nearest town or city street address of well if located within city?							
2	WATER WELL OWNER: Donat A. Beauregard, Jr. RR#, St. Address, Box #: 643 W. 77 = 57. N. City, State ZIP Code: Valley Center, K5 67147			Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: Longitude: Elevation: Datum: Data Collection Method:			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 29 ft						
w	NW NE E	1 Domest 2 Irrigatio 3 Feedlot 4 Industr	on t ial	5 Public 6 Oil F 7 Dom 8 Air C	ield Water Sup estic (Lawn & Conditioning	9 Dewa ply 10 Moni Garden) 11 Injec 12 Other	toring tion Well
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 in. Was casing pulled? Yes No If yes, how much Casing height above on below land surface in.							
6	Grout Plug Intervals: From 29 ft. to 53½ ft., 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 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?						
	FROM TO PLUGO 59' 29' Well ar	ING MATERIA	ALS	FROM	ТО	PLUGGING MA	
Market and the second	29' 531/2' Cement	grout rout plue	9	:			
		1997 (4 246 46 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-04-07 and this record is true to the best of my/knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) 9-10-07 under the business name of by (signature)							
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.							