MW-3 WATER WELL PLUGGING RECORD		Form WWC-5P	(SA 82a-1212	11100/	
1 LOCATION OF WATER WEL	.L: Fractio	on	Section Number	Township Number	Range Number
county: Sedawic	K NE1/4	SW1/4NW1/4	9	27	1E
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: National By-Products					
RR#, St. Address, Box #: PO Box 615 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Des Moines IA 50.303 Application Number:					
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
WELL WAS USED AS:					
X W N	E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial		Supply 10 Monitorin	g Well Well
S W————————————————————————————————————					
Water Well Disinfected: Yes No. ♠					
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					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: Fromft. toft., Fromft. toft., From					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight sewer 4 Lateral lines 5 Cess Pool	9 Feedy	orivy je lagoon	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	age well	ecify below)
Direction from well?					
FROM TO PLUGGING MATERIALS					
0 2 Native soil					
2 28 Bentonite					
			_		
	A- A				
7 CONTRACTOR'S OR LANDOWNER'S CENTRALCATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
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: 785/296-3565. Send one to Water Well Owner and retain one for your records.					