ST_4	WATER WE	LL PLUGGING RECORD	Form WWC-5P	(SA 82a-1212 1911):	39/70405
1 LOCATION OF WATER	WELL:	Fraction	Section Number	Township Number	Range Number
County: Seds 14	lick !	SE1/4NE1/4NE1/4	34	27	1E
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Emprise Bank					
RR#, St. Address, Box #: PO BOX 2970 Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : 111chito YS 67701 Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL 27.25ft.					
		WELL WAS USED AS:			
N W	—N E — /	1 Domestic 2 Irrigation		Supply 10 Monitorin	g Well
u -	E	3 Feedlot 4 Industrial			
Was a chemical/bacteriological sample submitted to Department? YesN					
If yes, mo/day/yr sample was submitted					
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 Sentonite 4 Other					
Grout Plug Intervals: From. Zft. toft., Fromft. toft., From toft.					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines			11 Fuel storage 12 Fertilizer storage	16 Other (sp ge	ecify below)
3 Watertight se 4 Lateral lines	wer lines	8 Sewage Lagoon 9 Feedyard	13 Insecticide stor	age	
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well? How many feet?					
FROM TO	PLU	GGING MATERIALS			
02	201	· <u> </u>	\dashv		
2 34.5	Dent	onte			
			\dashv		
			\dashv		
7 CONTRACTOR'S OR L	ANDOWNER'S C	ER/AFICATION:This wate	 r well was plugged u	nder my jurisdiction	and was completed
7 CONTRACTOR'S OR LANDOWNER'S CERTASICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
	/ <i>]</i> ,	under the business name	ofGCOTEC	I.I.K.I. I.C.L	xu16.2.5, 41
INICEDITIONICALISM to a conviction on hell point pop. Please proce firmly and print clearly. Please fill in blanks, underline or circle					

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.