WATER WELL PLUGGING RE					
1 LOCATION OF WATER WELL:		NE Section Number	Township Number	Range Number E/W	
County: Sedawick	un or city street address of	well if located within	275	L/VV	
Distance and direction from nearest town or city street address of well if located within city?					
SW of 13th + Bony					
2 WATER WELL OWNER:	ou l		g Systems (decimal degre		
Dug Allin		Latitude:			
RR#, St. Address, Box #: 1213 N. Perry			Longitude:		
City, State ZIP Code: Wick fn, Ks 67203			Datum:		
Wick for	, KS 67203	Data Collection M	ethod:		
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 29 ft.					
WITH AN "X" IN SECTION					
BOX:	WELL'S STATIC WATER LEVEL ft				
N	WELL WAS LIGED	A.C.			
X	WELL WAS USED AS:				
NW NE	D Domestic				
			Supply 10 Moni		
W E	3 Feedlot				
sw se	4 Industrial	8 Air Conditionin	g 12 Other	r	
	Was a chemical/bacteriological sample submitted to Department? YesNo				
was a chemical/bacteriological sample submitted to Department: TesNo					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
		У			
Blank casing diameter in. W	as casing pulled? Yes	No _ _ If	yes, how much		
Casing height above of below land sur	race in.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 29 ft. to 3 ft., From 3 ft. to 6 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)					
Sewer lines 7 Pit privy 12 Fertilizer 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?					
	NG MATERIALS	FROM TO	PLUGGING MA	TERIALS	
2954 354 Benton;					
354 oct Coment	nout				
		- m		· 1 · · · · · · · · · · · · · · · · · ·	
7 CONTRACTOR'S OR LANDOWN	ER'S CERTIFICATION	V: This water well v	was plugged under my ju	urisdiction and was	
completed on (mo/day/year)4/24/09 Well Contractor's License No	This Water Well R	ecord was completed of	on (mo/day/year) 4/2	4/19 under the	
business name of	I IIIO II WOOI II OII IC	by (signature)	WOON DE		
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 6661	ansas Department of Heal	un and Environment, E	oureau or water, Geology Nater Well Owner and r	etain one for vour	
records. Visit us at http://www.kdheks.gov		270-3322. Selid olie ti	whoi and i	Julia one for your	
10001db. 1 for db dt fittp:// www.kdiiokb.gov/ adet world.					