W	ATED W	TII PII	J <b>GGING RE</b>	SW CORD	SE NE S Form W	E NC-5	P	KSA 82a	_1212	ID NO.		
1	LOCATIQ	N OF WATE	ER WELL.		on 1/4 1/200/24			n Number	Town	ship Number	Range Number	
	Distance and direction from nearest town or city street address of well if located within city?											
2	2 WATER WELL OWNER: / Jame Goves. Global Positioning Systems (decimal degrees, min. of 4 digits											
_					didgl St			Latitude: Longitude:				
					_			Elevation:				
				a, KS67203			Data Collection Method:					
3	WITH AN "X" IN SECTION											
	BOX:	N		WELI	L'S STATIC	TATIC WATER LEVEL /2 ft						
				WELI	VELL WAS USED AS:							
	W NW NE E			1 Domestic			5 Public Water Supply 9 Dewatering					
W				3 Fee		<	6 Oil Field Water Supply 10 Monitoring Domesto (Lawn & Garden) 11 Injection W				ion Well	
	_ sw	<b>X</b> :	SE _	4 Ind	ustrial		8 Air Conditioning 12 Other					
		S		Was a chemical/bacteriological sample submitted to Department? YesNo							s N <b>oX_</b>	
5												
	Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in.											
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other												
Grout Plug Intervals: From 25 ft. to 7 ft., From ft. to ft., From to ft.												
	What is the nearest source of possible contamination:											
	1 Septic t 2 Sewer 1	ines	6 Seepag 7 Pit priv	y	11 Fuel St 12 Fertiliz	zer stoi		16 Other (	specify be	10w)		
	4 Lateral		9 Feedya	rd	13 Insecti 14 Abando	oned w	ater wel			ell? <b>Zan</b>	5	
	5 Cess po	ool	10 Livesto	ck pens	15 Oil wel	ll/Gas	well	How n	nany feet?	18		
	FROM	OT .	PLUGGI	NG MATE	RIALS	FR	MO	TO	PL	UGGING MA	ΓERIALS	
	3	35	Bento	nete								
						-						
						-						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) under the												
We bus	II Contracto iness name	or's License in of Well	No. <u>740</u>	<del></del>	S Water Well		d was co (signatu	- / \	n (mo/day/ <u>y</u>	year) <u>I-Q</u> Puino	under the	
			7	7 1 10.	9)110	irmly	and prin	t clearly.	lease fill in	n blanks, under	line or circle the	
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.