Owner: Brenda Bales	L COMPLETION RECORD (WWC-5) incorrect information)
Location was listed as:	Location changed to:
Section-Township-Range:	7-275-1E
Fraction (1/4 1/4 1/4): NW SE SE	NE NW SE SE
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: Wellsite address,	city street map, and
Verification method: Wellsite address, mapping took on KGS we	city street map, and
Verification method: Wellsite address, mapping two (on KGS we Submitted by: Kansas Geological Survey, Data Resources Library,	city street map, and ebsite. initials: PRIdate: 10/31/201

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.				
1	County: Se Sent A County: Fraction WASE 1/4 SE 1/4	ection Number Township Number Range Number T S TE TW		
	direction from nearest town or intersection: If at owner's address, check here Col	bal Positioning Systems (GPS) information: tude: (in decimal degrees) gitude: (in decimal degrees) vation:		
2	RR#, St. Address, Box #: 1,501 N Woodrow Ave	GPS unit (Make/Model: ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m		
	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER WELL WAS USED AS: Domestic P Irrigation O Feedlot D Industrial A Was a chemical/bacteriologic	2 <u></u>		
TYPE OF BLANK CASING USED: Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in.				
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. to ft.				
	What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Fertilizer storage Watertight sewer lines Lateral lines Cess pool Livestock pens What is the nearest source of possible contamination: Fuel storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well How many feet?			
		OM TO PLUGGING MATERIALS		
con We	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: ompleted on (mo/day/year) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: and this record is	This water well was plugged under my jurisdiction and was strue to the best of my knowledge and belief. Kansas Water d was completed on (mo/day/year) 1/30/13 under the 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html.				