WATER WELL PLUGGING RECORD

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1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
county: Sagwick	SET14 8 148 1/4	The second second	212	I PASE	
Distance and direction from nearest town or city street address of well it located within city? 1 E					
2 WATER WELL OWNER: LEWS W. MUTCHELL					
RR#, St. Address, Box #: 100000000000000000000000000000000000					
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
WELL WAS USED AS:					
	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	2 Irrigation 6 Gil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Awn and Garden Only 11 Injection Well			
Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 1 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameterin. Was casing pulled? Yes No If yes, how muchin. Casing height above or below land surfacein.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: Fromft. toft., Fromft., From toft.					
What is the nearest source of possible contamination:					
Septic tank 2 Sewer lines 5 Watertight sewer lines 4 Lateral lines 5 Cess Pool Direction from well?	7 Pit privy 8 Sewage lagoon 9 Feedyard	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water 15 Oil well/Gas wel How many feet?	age well	ecify below)	
FROM TO PL	UGGING MATERIALS				
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10 \$3 CW	rent				
2 n - Anno	Oi O				
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7 CONTRACTOR'S OR LANDOWNER'S CARTIFICATION: 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.					