WA	TER WELL PLUGGING F	RECORD	Form WW	C-5P	KSA 82	a-1212 ID NO.		
1 I			1/ NU/ 514		Number	Township Number		
						$T \sim 7 \text{ s}$	/ ME □W	
	Street/Rural Address of Well Location;		Global Positioning Systems (GPS) information: Latitude:(in decimal degrees)					
	direction from nearest town or intersection: If at owner's address, check here				Longitude: (in decimal degrees)			
•	check here 1 2001 D. Toplaton				Elevation:			
					l Datum: Method:	∐ WGS84, ∐	NAD83, NAD27	
-	WATER WELLOWNER Pott				Sunit (Mak	e/Model·		
2	WATER WELL OWNER: mr. Patrick			Digital Map/Photo, Topographic Map, Land Survey				
2001 St. Calling								
-								
3 1	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL / 5 ft							
	N	1	WAS USED AS					
	NW NE		nestic		Vater Suppl		atering	
w	W /: Continue Cont							
"	Industrial Air Conditioning Other							
	Was a chemical/bacteriological sample submitted to Department? Yes No							
		was a ci	nemical/bacteric	nogicai sam	ipie suomit	ted to Department?	res No XI	
5 7	TYPE OF BLANK CASING USED:							
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile							
	PVC ABS Asbestos-Cement Concrete Tile Blank casing diameter in. Was casing pulled? Yes No I If yes, how much							
	Blank casing diameter 6 in.	Was casing	pulled? Yes 🗵	No □	If yes, ho	w much		
	Casing height above or below land	surface	<u>s</u> in. '		• ,			
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other								
(Grout Plug Intervals: From 35 ft. to 4 ft., From ft. to ft., From ft. to ft.							
,	What is the nearest source of possible contamination:							
Г	Septic tank Seepage pit Fuel storage Other (specify below)							
	Sewer lines Pit privy Fertilizer storage							
	Watertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feedyard Abandoned water well Direction from well?							
H		ivestock pens		l/Gas well	Hov	w many feet?	20 8	
		GING MATI		FROM	TO	PLUGGING	MATERIALS	
	35 4 Ban	Soneto						
	4 3 Com	nl a	P. []					
	3 6 70	p De	sel -					
ا ۽ ا	ONE A CHORAGO OF TAXABLE	AIRPIO OF	AMILIA A MY ASS		4			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) / 2 3 1								
Well Contractor's Ligense No. 472. This Water Well Record was completed on (mo/day/year) 12-23/6 under the								
business name of Baroles Pump twell by (signature)) and Back								
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS								
Seno						one for your records		
Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.								
			VCAC	32a-1212			Revised 1/20/2015	