| WATER W | ELL PL | UGGING RECORD | Form WWC-5P | KSA 82a | 1-1212 | ID NO. | | |
|---|---|-------------------------|-------------------------------|--------------|-------------------|---------------------|---------------------------|--|
| County: | Neosha | | Fraction NW 4 NW 4 N | E 1/4 | tion Number 24 | 29 | r Range Number 20E | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | |
| 101 St. Joseph St., St. Paul, KS 66771 | | | | | | | | |
| 2 WATER WELL OWNER: Mac's Little Store Global Positioning System (decimal degrees, min. of 4 digits) | | | | | | | rees, min. of 4 digits) | |
| | | | | Latitude: NA | | | | |
| RR#, | St. Addre | ess, Box #: PO Box 3 | | | | | | |
| G: | - C+-4- ' | ZID Code. Ct Doub I | Elevation: NA Datum: NA | | | | | |
| Cit | ty, State, A | ZIP Code: St. Paul, I | \$5 00 / / 1 | | | lethod: NA | | |
| 3 MARK | WELL'S | LOCATON | 4 DEPTH OF WELL 35.00 ft. MW2 | | | | | |
| WITH AN "X" IN SECTION | | | | | | | | |
| BOX: | | | | | | | | |
| | | | | | | | | |
| | N WELL WAS USED AS: | | | | | | | |
| | X | | | | | | | |
| 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply (10) Monitoring | | | | | | | | |
| | | | | | | | | |
| ļ | 4 Industrial 8 Air Conditioning 12 Other | | | | | | | |
| | -sw- | - SE - | - maustriai | 0 1111 OC | | 112 0 11111 | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No X | | | | | | | |
| | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | | | | |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) | | | | | | | | |
| 2PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | | | | |
| Blank casing diameter 2.375 in. Was casing pulled? Yes X No If yes, how much 0.5 feet | | | | | | | | |
| Casing height above or below land surface NA in. | | | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil: 0-3ft | | | | | | | | |
| 021002 | 1200 | | | | | | | |
| Grout Plug Intervals: From 3 ft. to 35.00 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | |
| 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage | | | | | | | | |
| 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide 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? | | | | | | | | |
| | | | | | | PLUCOBIO | MATERIALO | |
| FROM | TO | PLUGGING M | | FROM | TO | PLUGGING | MATERIALS | |
| $\left \begin{array}{c} 0 \\ 2 \end{array} \right $ | 3 | Soi | | | | D | ECEIVED | |
| 3 | 35.00 | Bento | nite | | | | LCEIVED | |
| | | | | | | A 1 | 01/ 07/ 0010 | |
| | | | | | | N | OV 27 2012 | |
| | | | | | | RIIRE | AU OF WATER | |
| DOTICAGO OF WATER | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plagged 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 Contract | ctor's Lic | ense No. 757 | This Water | | | ted on (mo/day/year | $\frac{11}{13}$ under the | |
| business nan | ne of | Larsen and Ass | sociates, Inc. | by (signa | ture) | | • | |
| INSTRUCT | IONS: F | lease fill in blanks or | circle the correct ans | wers. Send | top three co | ier to Kansas Depar | tment of Health and | |
| INSTRUCTIONS: Please fill in blanks 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/waterwell. | | | | | | | | |