LOCATI	ELL PLUGO	ING RECORD	Form WWC-5P	KSA 82a-12	212	ID NO.		
	ION OF WA		Fraction		Number		Range Number 23E	
County:	Crawford	<u> </u>	NE 1/4 NE 1/4 N n or city street addres	W 4	24	29S	23E	
			or city street addres	s or well it loc	ateu within	i Oity:		
220 N. St	ummit, Girard	1						
WATER	WELL OW	NER: Sixty-Six	Food Mart Inc.	ood Mart Inc. Global Positioning System (decimal degrees, min. of 4 digits)				
				Latitud				
RR#, \$	St. Address, E	Box #: PO Box 8	376		ide: <u>NA</u> on: NA			
Cit	v State ZIP (Code: Parsons, l	KS 67357-0876	Datum:			ALONDO	
220, 2200, 222 2300, 23200, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 23200, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 23200, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 2320, 232000, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 232000, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 232000, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 232000, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 232000, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 232000, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 23200, 232000, 232000, 232000, 232000, 232000, 232000, 232000, 232000, 2320000, 232000, 232000, 2320000, 2320000, 2320000, 2320000, 2320000000, 232000000, 2320000000000				Data C	Data Collection Method: NA			
MARK V	WELL'S LO	CATON	4 DEPTH OF WE	LL 13.25		ft. MW1		
WITH AN "X" IN SECTION		WELL'S STATIC WATER LEVEL NA ft.						
BOX:			WELL'S STATIC WATER LEVEL NA ft.					
	N		WELL WAS US	ED AS:				
	T X	T	TIESE TIES OF			ı		
W NW NE D			1 Domestic 5 Public Water Supply 9 Dewatering 10 Monitoring 1 Injection Well					
								3 Feedlot 7 Domestic (Lawn & Garden) 1 Injection Well 4 Industrial 8 Air Conditioning 12 Other
				-sws	\$E —	4 industrial	THE COME	
	Li L		Was a chemica	l/bacteriologic	al sample s	submitted to Departmen	t? Yes No _X	
		ASING USED:	1. 77	dia analoga	0	Other (specify below)		
1 Steel 2 PVC	3 RMP (4 ABS	(SR) 5 Wrou 6 Asbe		iberglass Concrete Tile	9	Other (specify below)		
_								
Blank cas	ing diameter		casing pulled? Yes	_x_NoI	f yes, how	much 3ft		
Casing he	ight above or	below land surfa-	ce NA <u>ir</u>	1.	Bentonite		0-0.3ft; Soil: 0.3-1.5ft	
GROUT	PLUG MAT	ERIAL: 1 Nea	t cement 2 Cemer	nt grout 3	/Demonite	4 Other Aspitate.	0-0.51, 5011. 0.5 1.51	
Grout Pluc	o Intervals	From 1.5	ft. to 13.25 ft.,	From	ft. to	ft., From	ft. to ft.	
		ce of possible co	ntamination:	tomoro	16 Other	(specify below)		
 Septic ta Sewer li 		6 Seepage p	it 11 Fuels 12 Fertili	iorage zer storage	10 Other	(specify below)		
	mes ght sewer line		goon 13 Insect	icide storage				
4 Lateral	lines	9 Feedyard	14 Aban	doned water w		ction from well?		
5 Cess po	ool	10 Livestock	pens 15 Oil w	ell/Gas well	How	many feet?		
EDOM	TO	DI LIGGING	MATERIALS	FROM	TO	PLUGGING N	1ATERIALS	
FROM	TO 0.3		halt	1110111				
41	1.5		oil					
0.3			onite					
0 0.3 1.5	13.25	Bent			ı			
0.3		Bent						
0.3		Bent						
0.3		Bent						
0.3	13.25			ION: This wa	ter well w	ac also of sinder my in	risdiction and was	
0.3	13.25		R'S CERTIFICAT	ION: This wa	ater well w	ae plagged under my ju of my knewlodge and b	risdiction and was elief. Kansas Water	
0.3 1.5 CONTRA	ACTOR'S O	R LANDOWNE ear) 8/12-1 e No. 757	CR'S CERTIFICAT 3/13 and this This Wate	r Well Record	was comp	ae plagges under my ju of my knewledge and b leted on (mo/day/year)	risdiction and was elief. Kansas Water 8/19/13 under the	
0.3 1.5 CONTRA	ACTOR'S On (mo/day/yeactor's Licens	R LANDOWNE ar) 8/12-1	CR'S CERTIFICAT 3/13 and this This Wate	ION: This was record is true to the Well Record by (signatu	was comp	ae plagged under my ju of my knowledge and b leted on (mo/day/year)	risdiction and was elief. Kansas Water 8/19/13 under t	
CONTRA completed of Vell Contra usiness nar	ACTOR'S O on (mo/day/ye actor's Licens me of	R LANDOWNE ear) 8/12-1 e No. 757 Larsen and A	R'S CERTIFICAT 3/13 and this This Wate ssociates, Inc.	r Well Record by (signatu	was comp ire)	ae plagged under my ju of my knewledge and b leted on (mo/day/year) knewledge to Kansas Departr ka, Kansas 66612-1367.	ment of Health and	