٧	VATER WE	G RECC	RD	Form W	orm WWC-5P		KSA 82a-1212	ID No	MW-2		
1 LOCATI	ON OF WAT	ER WELL: F	raction						Section Number	Township Numbe	r Range Number
County:	Montg	omery	NE	1/4	NE	1/4	NE	1/4	17	32	17-East
Distance and direction from nearest town or city street address of well if located within city?											
2 WATER WELL OWNER: Crescent Oil Company											
		x# 1020 V							Board	of Agriculture, Divis	ion of Water Resources
City, State	, ZIP Code	: Indepe	ndence, Kansas 67301 Application Number:								
3 MARK V	VELL'S LOC	ATON WITH AN X:	ا ا ا					13	3.0 ft.		
	N	Λ.									
	; [	WELL'S STATIC WATER LEVEL 8.65 ft.									
		WELL WAS USED AS:									
	ńw ——	NE —									
		E			Dome				c Water Supply	Dewat	
w							ield Water Supply and Garden (domest	Monito ic) 11 Injection			
					ndus				onditioning		
	sw —	_ SE	Was a	chemica	al/bac	teriologic	cal sampl	le su	bmitted to Departmen		
Was a chemical/bacteriological sample submitted to Department?  Yes No X  If yes, mo/day/yr sample was submitted											
Water Well Disinfected: Yes No X											
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)											
2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter 2.375 in. Was casing pulled? Yes No x If yes, how much? N/A											
_											
Casing height above or law land surface Unknown in. Casing plugged; casing removed to depth of 3' BTOC.											
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soils/Concrete											
Grout Plug Intervals From 13.0 ft. to 3.0 ft. From 3.0 ft. to 1.0 ft. From 1.0 ft. to 0.0 ft.											
What is the nearest source of possible contamination:											
1.0-			0				<b>⊕</b>			40. 00	
1	otic tank wer lines		Seepag Pit privy				_		torage er storage	16 Other (specif	y below)
3 Wa	Sewage lagoon				13 Insecticide stora		-				
-			Feedyard				14 Abandoned water well				
5 Ces	ss Pool	10	Livesto	ck pens	i		15 O	il we	II/ Gas well		
Direction fro	om well?	West	:				How ma	any fo	eet? <b>45</b>		
FROM	ТО	CODE			NI IIG	CING M	ATEDIAL	<u> </u>	- COUNTY		
0.0	1.0	CODE PLUGGING M Concrete					AILINAL				
1.0	3.0	Compacted Soils									
3.0	13.0	1	onite c								
3.0	13.0	Dent	ointe c	ilips							
7											
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed											
on (mo/day/yr)  10/17/07 / and this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's License No. / 692 This Water Well Record was completed on (mo/day/yr)  10/19/07 /// under the business name of Quad State Services, Inc.											
hu (dimenture) ////////////////////////////////////											
			MVV.(	- /VV	<u>/</u>	the es	rroot an			sion to Kanaga Dang	ertmont of Upolith and
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565.											
Send	one to Wa	ter Well Owne	er and r	etain o	ne f	or your	records	i			