	WATER WELL PLUGGING RECO	ORD Form WWC-5P	KSA 82a-1212	D NO
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Numbe	er Range Number
County: WEV	SE NWSE	P	33	H GW
Distance and direction from nearest town or 2775 C. Stv	city street address of well if located		fustrial	Park, Wafield
2 WATER WELL OWNER: GPP	Groupinc.			(110
RR #, St. Address, Box #: VO Co	Miff Lake, NUOI	61 Board of Agriculture, I Application Number:	Division of Water Reso	ources GML
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL2	1.1		
N N	WELL'S STATIC WATER L	EVEL 14.10 ft.		
	WELL WAS USED AS:			
NW NE	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supply</li></ul>	9 Dewa 10 Monit	oring Well
WE	3 Feedlot 4 Industrial	7 Domestic (Lawn & Gar 8 Air Conditioning	den) 11 Injecti	ion Well
<b>X</b>	Was a chemical / bacteriological	al sample submitted to Den		
SW Was a chemical / bacteriological sample submitted to Department? Yes				
S	Water Well Disinfected: Yes	No		
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 W	rought 7 Fiberglass	9 Other (Specify belo	ow)	
	sbestos-Cement 8 Concrete T			<b>~</b> 11
Blank casing diameter in. Casing height above or below land so	Was casing pulled? urface in.	YesX No	If yes, how	much/
•	leat cement 2 Cement grout to ft.,	Bentonite 4 Otl		to ft.
What is the nearest source of possible	, ,	110111		
1 Septic tank	6 Seepage pit	10 Fortilizer storage	,	specify below)
<ul><li>2 Sewer lines</li><li>3 Watertight sewer lines</li></ul>	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage		
4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	<ul><li>14 Abandoned water we</li><li>15 Oil well/Gas well</li></ul>	ell	
Direction from well?				
FROM TO PI	LUGGING MATERIALS			
O I Conce	ete			
7 17.1 Ben	tonite			
17.1 20 8011				
CONTRACTOR'S OF LANDOWN	FR'S CERTIFICATION: This w	ater well was plugged u	under my jurisdiction	n and was completed on byledge and belief. Kansas
Water Mail Of the strong to the	/ 1 -/6-/	This 14/-1-	. M/-U.D	and the description of the color and
by (signature)	ne business name of			
INSTRUCTIONS: Use typewriter or ba	Il point pen. Please press firmly	and <u>print</u> clearly. Please	e fill in blanks, unde	erline or circle the correct
answers. Send top three copies to Kalp	eas Department of Health and	Environment, Bureau of		ection, 1000 SW Jackson