|  |   | WATER WELL PLUGGING R                 | ECORD Form WWC-5P  | P KSA 82a-1212 ID N   | 0  |  |
|--|---|---------------------------------------|--|---|--|--|
| 1  | LOCATION OF WATER WELL:   | Fraction                              | Section Number   | Township Number   | Range Number   |  |
| Cou  | unty: Cowley  | NEYA NEYA SEYA                        | 18   | T345  | 24 @w  |  |
|  | tance and direction from nearest town of                                      | or city street address of well if loc | ated within city?  1 Hwy 77 By                                       |   |  |  |
| 2 WATER WELL OWNER: Value logistic Operation (P)  RR #, St. Address, Box #: One Valero Way  Board of Agriculture, Division of Water Resources  City State 7/IR Code :: Sa a A orter and Tity TRANSPORTED Number: |   |                                       |  |   |  |  |
|  | City, State, Zir Code , VI A FI (1774)) 🗻 IV (784) 4 Application Number.      |                                       |  |   |  |  |
| 3  | MARK WELL'S LOCATION WITH   | 4 DEPTH OF WELL                       |  | Damaged Mil   | ) <b>&amp;</b>   |  |
|  | AN "X" IN SECTION BOX:  | WELL'S STATIC WATE                    | WELL'S STATIC WATER LEVEL Dr ft.                                     |   |  |  |
|  |   | WELL WAS USED AS:                     |  |   |  |  |
|  | NW NE   | 1 Domestic<br>2 Irrigation            | <ul><li>5 Public Water Suppl</li><li>6 Oil Field Water Sup</li></ul> | ,   |  |  |
| w  |   | 3 Feedlot E 4 Industrial              | 7 Domestic (Lawn & 8 Air Conditioning                                | Garden) 11 Injection  |  |  |
|  |   |                                       | v  | Department? Yes   | $\vee$   |  |
|  | SW SE   |                                       | as submitted   |   | NO 1313  |  |
|  | S   | Water Well Disinfected: Ye            | es No  |   |  |  |
| _  | TYPE OF BLANK CASING USED:  | 1                                     |  |   |  |  |
| 5 TYPE OF BLANK CASING USED:  1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  |   |                                       |  |   |  |  |
| Blank casing diameter 2. D in. Was casing pulled? Yes X No If yes, how much  |   |                                       |  |   |  |  |
|  | Blank casing diameter <b>2.</b> in. Casing height above or below land         |                                       |  | If yes, how mu  | ıch  |  |
| GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  |   |                                       |  |   |  |  |
|  |   |                                       |  |   |  |  |
|  | 2 Sewer lines<br>3 Watertight sewer lines                                     | 7 Pit privy<br>8 Sewage lagoon        | 12 Fertilizer storage 13 Insecticide storage                         | tuo u   | ine  |  |
| 4 Lateral lines 5 Cess pool  |   | 9 Feedyard<br>10 Livestock pens       | 14 Abandoned water<br>15 Oil well/Gas well                           |   |  |  |
| Direction from well?   |   |                                       |  |   |  |  |
|  |   |                                       |  |   |  |  |
|  |   | PLUGGING MATERIALS                    |  |   |  |  |
|  | Bento   | nite from 16                          | <u>-1'</u>   |   |  |  |
|  | Compa   | sted Clay 1'-I                        | 7.   |   |  |  |
|  |   |                                       |  |   |  |  |
| -  |   |                                       |  |   |  |  |
|  |   |                                       |  |   |  |  |
| _  |   |                                       |  |   |  |  |
| 7  | CONTRACTOR'S OF LANDOW<br>(mo/day/year) Commonwealth Contractor's License No. | NER'S CERTIFICATION: Thi              | is water well was plugge<br>and this record is to<br>This V          | ed under my jurisdiction a<br>rue to the best of my knowle<br>Vater Well Record was com | and was completed on<br>edge and belief. Kansas<br>pleted on (mo/day/year) |  |
| CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and v (mo/day/year) 6   |   |                                       |  |   |  |  |
| INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the co   |   |                                       |  |   |  |  |
| ar   | nswers. Send top three copies to Ka<br>t., Ste. 420, Topeka, Kansas 66612     | ansas Department of Health a          | and Environment, Bureau  | u of Water, Geology Section   | on, 1000 SW Jackson  |  |