N A	ATER WELL PLUGGING	RECOR	D Form W	NC-5P	KSA 82a-1	212 ID	NO.	Dans Nort w	
-	County: Montgomory	Į FI	1W 1/4 SW 1/4	1/4 Secure	17	Townshi	p Number	/6 B/W	
	LOCATION OF WATER WELL: County: Montgomory Distance and direction from heare Applicationally 3:	est town or commended	ity street address	of well if loca	ted within cit	y? ansas,	on CR	23900;	
;	WATER WELL OWNER: Q	Positioning S	ning Systems (decimal degrees, min. of 4 digits						
	RR#, St. Address, Box #: 4/16			Longitu	Latitude: Longitude: Elevation: Datum:				
	City, State ZIP Code:			Datum:					
	COFFEYVILLE, KAN	USAS 6	67337	Data Co	Data Collection Method:				
	Coffeyulle, Kausas 67337 Data Collection Method: MARK WELL'S LOCATION 4 DEPTH OF WELL ft. WITH AN "X" IN SECTION								
	BOX:	WELL'S STATIC WATER LEVEL ft							
	N	W	WELL WAS USED AS:						
	NW NE		Domestic	5 Publi	c Water Supp	ly	9 Dewat	_	
W	E		Irrigation Feedlot	6 Oil F	6 Oil Field Water Supply 10 Monitoring Domestic (Lawn & Garden) 11 Injection Well				
	SW SE		4 Industrial 8 Air Conditioning 12 Ott			12 Other	TOIL VV CII		
		V	Was a chemical/bacteriological sample submitted to Department? YesNo						
	S TYPE OF BLANK CASING USED:								
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)								
	2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or belowland surface in.								
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromtoft. What is the nearest source of possible contamination: 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?
		ivestock pen		ll/Gas well					
		· · · · · · · · · · · · · · · · · · ·	ATERIALS	FROM	ТО	PLUC	GGING MA	TERIALS	
	29' 7' Chlory	wheel	GRAVEL						
		r Ceme pacted							
	Com	pacrea	- cuy						
			de American Control of						
٠ ,	CONTRACTOR'S OR LANDO	OWNER'S							
	npleted on (mo/day/year) Il Contractor's Ligense No	11/1/2	and this re This Water Well	ecord is true	to the best of	`my knowle (mo/day/ye:	edge and be	lief. Kansas Water	
	iness name of	MU.	Will	by (signa	ture)	(IIIO/day/ye	m)	under the	
Ne	STRUCTIONS: Use typewriter o	r hallnoint n	en Please press	firmly and pri	nt clearly Di	ease fill in b	alanke unde	rline or circle the	
corı	rect answers. Send top three copie	es to Kansas	Department of H	ealth and Env	ironment, Bu	eau of Wate	er, Geology	Section, 1000 SW	
Jacl	kson St., Ste. 420, Topeka, Kansas	66612-136	7. Telephone: 78	35/296-5522.	Send one to V	Vater Well	Owner and r	etain one for your	

records. Visit us at http://www.kdheks.gov/geo/waterwells.