## well 1-NPS-2016.7

3-5-13

$\mathbf{W}_{i}$	ATER WELL PLUGGING F	RECORD	Form WW	'C-5P	KSA 82	a-1212 ID NO.		
1	LOCATION OF WATER WELL: County: Nemaha	Fraction NW 1/4	1/4 1/4	1/4	Number 3	Township Number T 5 S	Range Number 13	
	Street/Rural Address of Well Location; if unknown, distance & Global Positioning Systems (GPS) information:							
	check here				Latitude:(in decimal degrees) Longitude:(in decimal degrees)			
	<u></u>			Elevation: Datum:	WG	S84,	□ NAD27	
-		\ P		Collection		e/Model·		
2	WATER WELL OWNER: Eugene Visser RR#, St. Address, Box #: 1457 40th Rd				GPS unit (Make/Model:			
	C' C TID C 1	40tii Rd KS 6428				3 m, □ 3-5 m, □		
3	MARK WELL'S LOCATION		HOEWELL 2			5 m, — 5-5 m, —	5-15 m, C > 15 m	
	WITH AN "X" IN SECTION							
	BOX: WELL'S STATIC WATER LEVEL 1 ft							
	WELL WAS USED AS:							
	NW NE Domestic Public Water Supply Dewatering							
N	W Irrigation Oil Field Water Supply Monitoring Domestic (Lawn & Garden) Injection Well							
	SW SE Industrial Air Conditioning Other Other							
	Was a chemical/bacteriological sample submitted to Department? Yes No							
5 TYPE OF BLANK CASING USED:								
	DRAD (CD) D Warraka D Ciliana D Calan (Caralife Latura)							
	Steel RMP (SR) Wrought Fiberglass Other (Specify below)  Asbestos-Cement Concrete Tile							
	Blank casing diameter in. Was casing pulled? Yes \( \square\) No \( \square\) If yes, how much							
	Casing height above or below land surface in.							
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other								
U								
Grout Plug Intervals: From April. to 19 ft., From 1 ft. to 1 ft., From 1 to 3 ft.								
What is the nearest source of possible contamination:  Septic tank  Seepage pit  Fuel Storage  Other (specify below)								
Septic tank Sewer lines Seepage pit Pit privy Fuel Storage Other (specify below) Fertilizer storage								
	Watertight sewer lines Sewage lagoon Insecticide storage							
	Lateral lines Feedyard Abandoned water well Direction from well?  Cess pool Livestock pens Oil well/Gas well How many feet?							
		GGING MAT	ı	FROM	ТО	PLUGGING	MATERIALS	
	20 19 Chlor 19 6 Subs	<del>ستو مه چ</del>						
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was								
completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)! - 1 - 20   bunder the								
business name of by (signature) with (KGS)								
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the								
correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your								
	kson St., Ste. 420, Topeka, Kansas 6 ords. Visit us at http://www.kdheks.			296-5524.	Send one to	o Water Well Owner	and retain one for your	
				Check or	ne: 「	]White Copy □ Bl	ue Copy Pink Copy	
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