w	ATER WELL PLUGGING	RECORD Form WW	/C-5P	KSA 82	a-1212 ID NO.		
1	LOCATION OF WATER WELL:	Fraction	Section 1	Number	Township Number	Range Number	
	County: Clay Street/Rural Address of Well Location		Global Po		T 8 S Systems (GPS) inform		
	direction from nearest town or intersec	Latitude:	Latitude:(in decimal degrees) Longitude:(in decimal degrees) Elevation:				
	check here .65 mile south an	Longitude:					
	intersection of Fro	Horizontal Datum: WGS84, NAD83, NAD27					
			Collection Method: GPS unit (Make/Model:				
2	WATER WELL OWNER: Randy J. Milligan RR#, St. Address, Box #: 1369 14th Rd City, State ZIP Code: Clay Center, KS 67432			Digital Map/Photo, Topographic Map, Land Survey			
				Est. Accuracy: □ < 3 m, □ 3-5 m, □ 5-15 m, □ > 15 m			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N 4 DEPTH OF WELL 10 ft. WELL'S STATIC WATER LEVEL Dry ft						
	WELL WAS USED AS: NW						
V							
5	5 TYPE OF BLANK CASING USED:						
	Steel RMP (SR) Wrought Sees Other (Specify below) Blank casing diameter 6 in. Was casing pulled? Yes No V If yes, how much in. Casing height above or below land surface in.						
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other							
	Grout Plug Intervals: From 4 ft. to 10 ft., From ft. to ft., From ft., From ft.						
What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Fertilizer storage Watertight sewer lines Lateral lines Fuel storage Fertilizer storage Insecticide storage Abandoned water well Direction from well?							
	Cess pool Livestock pens Oil well/Gas well How many feet?						
	FROM TO PLU	GGING MATERIALS	FROM	TO	PLUGGING	MATERIALS	
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	4 10 Bentor	nite					
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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) 11/14/2017 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) 11/28/2017 under the business name of by (signature) water							
business name of by (signature) \tag{\tag{Wulley}}							
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Popeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.							
KSA822-1212 Revised 1/20/2015							