والمراجعة والمستعمدة والمتأوات والمراجعة والمستعمدة والمتأوات والمتأوات والمستعمدة والمتأوات وال	mbhalan, ing dan at masamhing ay tanhad phlandia didhhinna bhani shabhan a bhani shabhan a thillimhiga mulu masaman a pagambiga.	WATER WELL PLUGGING RECO	ORD Form WWC-5P KSA	82a-1212 IDNO		
1 LO	CATION OF WATER WELL:	- Fraction	Scotion Number			
	ROOKS		Section Number	Township Number	Range Numb	
		SW ^{1/4} NE ^{1/4} NE ^{1/4}	4	105	20 W	
	Distance and direction from nearest town or city street address of well if located within city? \$ 2 miles on 3kb From Palco, KS & 1/2 miles on YRD, 5 1/2 mile INTO SECTION 6					
2 WAT	2 WATER WELLOWNER: NATIONAL CCOPERATIVE REFINERY ASSOCIATION					
RR #, St. Address, Box #: 1391 IRON HORSE ROAD Board of Agriculture, Division of Water Resources						
City, S	City, State, ZIP Code: MCPHERSON, KANSAS 67460 Application Number:					
	RK WELL'S LOCATION WITH 'X" IN SECTION BOX:	4 DEPTH OF WELL 2!	4,41 n			
	N	WELL'S STATIC WATER	LEVEL 19.5" ft.			
		WELL WAS USED AS:				
	N M — N K —	1 Domestic	5 Public Water Supply	9 Déwateri	ina	
		2 Irrigation 3 Feedlot	6 Oll Field Water Supp 7 Domestic (Lawn & G	y (10) Monitorin	g Well	
W	E	4 Industrial	8 Air Conditioning		vv en	
	S W S E Was a chemical / bacteriological sample submitted to Department?Yes					
I -1,1,2	S Water Well Disinfected: Yes No					
5 TYPE	OF BLANK CASING USED:		the same of the sa	in the second se		
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 2 in. Was casing pulled? Yes						
Casing height above or below land surface						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other NATIVE SOIL						
Grout Plug Intervals: From 2 ft. to 24.4 ft., From 0 ft. to 2 ft., From to What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage (16) Other (specify below)						
	ewer lines /atertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage	UNKNOWN	•••••••	
1	ateral lines ess Pool	9 Feedyard 10 Livestock pens	14 Abandoned water we 15 Oil well/Gas well	əll		
Direc	tion from well?	· · · · · · · · · · · · · · · · · · ·	et?		er e	
FROM TO PLUGGING MATERIALS						
		**************************************	_			
0'	2' NATIVE SOIL		_			
2'	20' BENTONITE A		_			
26'	24.4' RENTONITE à	2"	_			
			_			
		The state of the 				
			KELLER-MUI		•	
Z CONT	LACTORIC OR LANDOWNER					
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) under the business name of CIKOLORK INC.						
by (signa	ature)				*************	
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send ton three copies to Kansas Board months of Health and Environment. Pursus of Webs. To the Months are access 1991.						
answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.						