W	ATER WELL PLUGGING RECORD Form W	
1	LOCATION OF WATER WELL: Fraction County: Loca 4 NE 4 NE 4 SE	Section Number   Township Number   Range Number   E   X   X   X   X   X   X   X   X   X
	Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here	Global Positioning Systems (GPS) information: Latitude: (in decimal degrees) Longitude: (in decimal degrees) Elevation: \$53.36 Horizontal Datum: WGS84, NAD83, NAD27 Collection Method:
2	WATER WELL OWNER: Gont W. Len Tirk RR#, St. Address, Box #: 3/9 6 Front 57 City, State ZIP Code: Oakks, K5 67748	GPS unit (Make/Model: Digital Map/Photo,  Topographic Map, Land Survey  Est. Accuracy:
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N  4 DEPTH OF WELL WELL'S STATIC W	VATER LEVELft
w	sw se Industrial	AS:  Public Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Air Conditioning  Priological sample submitted to Department? Yes No
5 TYPE OF BLANK CASING USED:  Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile		
Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much No Casing height above or below land surface 36 in.		
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other		
What is the nearest source of possible contamination:  Septic tank Sewer lines Pit privy Fertilizer storage Watertight sewer lines Lateral lines Cess pool  What is the nearest source of possible contamination: Fuel storage Inserticide storage Abandoned water well Oil well/Gas well How many feet?		
	FROM TO PLUGGING MATERIALS	FROM TO PLUGGING MATERIALS
	0 10' Way 10' 15' Bratenits 15' 130' Sent	
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) under the business name of Builty _ 2 by (signature) was completed on the contractor's License No and this record is true to the best of my knowledge and belief. Kansas Water well was plugged under my jurisdiction and was completed on (mo/day/year) under the business name of Builty _ 2 by (signature) and this record is true to the best of my knowledge and belief. Kansas Water well was plugged under my jurisdiction and was completed on (mo/day/year) under the business name of Builty _ 2 by (signature) and this record is true to the best of my knowledge and belief. Kansas Water well was plugged under my jurisdiction and was completed on (mo/day/year) under the business name of Builty _ 2 by (signature) by (signature) by (signature) by (signature) by (signature)		
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> Telephone 785-296-5524.		
	KSA	A82a-1212 Revised 1/20/2015

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