KOLAR Document ID: 1540241

W	ATER WELL PLUGGING R	RECORD	Form WW	C-5P	KSA 82:	a-1212 ID NO.		
1	LOCATION OF WATER WELL:	Fraction		Section N	umber	Township Number		
	County: Street/Rural Address of Well Location; direction from nearest town or intersection check here	4 T S E W Global Positioning Systems (GPS) information: Latitude:						
2	WATER WELL OWNER: RR#, St. Address, Box #: City, State ZIP Code:	$ \begin{array}{c c} \hline & & \\ \hline \hline & & \\ \hline \hline & & \\ \hline & & \\ \hline \hline & & \\ \hline \hline \\ \hline & & \\ \hline \hline \\ \hline \\$						
3 W	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF WELLft. N VELL'S STATIC WATER LEVELft WELL WAS USED AS: VELL WAS USED AS: NW NE Domestic Public Water Supply Oil Field Water Supply							
5	5 TYPE OF BLANK CASING USED: Steel RMP (SR) Wrought PVC ABS Asbestos-Cement Fiberglass Other (Specify below) Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in. If yes, how much If yes, how much							
6	GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other							
	FROM TO PLUG	GGING MATH	ERIALS	FROM	ТО	PLUGGING	MATERIALS	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and we completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Wat Well Contractor's License No muther the business name of by (signature) by (signature) muther the business name of by (signature) muther the business name of by (signature) by (signature) muther the business name of by (signature) by (signature) muther the business name of by (signature) by (signature) muther the business name of by (signature) by (signature) muther the business name of by (signature) by (signature) muther the business name of by (signature) by (signature) muther the business name of by (signature) by (signature) muther the business name of by (signature) by (signature) muther the business name of by (signature) by (signature)by (signature) by (signat								
	nd one white copy to Kansas Departr 66612-1367. Se	ment of Health and one copy t	h & Environme to WATER WE	ent, Geology Se ELL OWNER a	ection, 10 and retain			

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