mw3

WATER WELL PLUGGING RE	ECORD Form WWC	-5P KSA 82a-121	2 ID NO. 20042332
1 LOCATION OF WATER WELL: County: RUSS=//	Fraction 5W 1/4 5E1/4 5E1/4		Township Number Range Number E/R
Distance and direction from nearest town or city street address of well if located within city?			
165 E. witt Russell 145 2 WATER WELL OWNER: K DOT Russell Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 38-872-88			
2 WATER WELL OWNER: K DOT Russell Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 38-872-88			
RR#, St. Address, Box #: 165		Longitude: 98 8 Elevation: 18 35	99
City, State ZIP Code: Russel		Datum: Data Collection Method	Surves
3 MARK WELL'S LOCATION	4 DEPTH OF WELL _	<i>39.35</i> ft.	1
WITH AN "X" IN SECTION BOX:	WELL'S STATIC WA	TER LEVEL 26.0	ft
N N	WELL WAS USED A	S:	
NW NE —	1 Domestic	5 Public Water Supply	9 Dewatering
W E	2 Irrigation	6 Oil Field Water Supp	oly 10 Monitoring
W	3 Feedlot 4 Industrial	7 Domestic (Lawn & C8 Air Conditioning	Garden) 11 Injection Well 12 Other
Was a chemical/bacteriological sample submitted to Department? YesNo			
S			
5 TYPE OF BLANK CASING USED: 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 in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in.			
Casing height above or below land surface in.			
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonit 4 Other Grout Plug Intervals: From 35.35 ft. to 7 ft., From ft. to ft., From to ft.			
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?			
		FROM TO	PLUGGING MATERIALS
39.35 O Bentoni	re chips		
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 Tank Mangement Services by (signature) had My m			
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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells.			