			WAI EH WELL PLUGGING HEC	ORD Form WWC-5P KSA	\ 82a-1212 IDNO. —	
1 LO	CATION OF W	ATER WELL:	- Fraction	Section Number	Township Number	Range Numbe
County:	ELLIS	-	SE" NE " SE "	21	135	1714
Distance	and direction	from nearest town o	or city street address of well if le	ocated within city?	75 6	7 7 7
1/2 m	LES N ON	TOWON RD.	FROM I-70 EXIT#16	3, 2 MILES WOW	VINEYARD RD.	
1 1			COOPERATIVE REFINE	•		,
RR #,	St. Address, E	Box #: 1391 IRON	HORSE ROAD		Division of Water Resource	S
City, S	late, ZIP Cod	· · MCPHER!	SON, KANSAS 67460	Application Number:		
	RK WELL'S LO 'X" IN SECTIO	CATION WITH ON BOX:	\sqcup	20 ' tt		
	N		WELL'S STATIC WATER	LEVEL 11.3' ft.		
			WELL WAS USED AS:			
 	N W	NE	1 Domestic	5 Public Water Supply	y 9 Dewate	ering
		4.	2 Irrigation 3 Feedlot	 Oil Field Water Sup Domestic (Lawn & 		
w		E	4 Industrial	8 Air Conditioning		
	s w	S EX	Was a chemical / bacterio			No.
			If yes, mo/day/yr sample	e was submitted	•••••	
L	s		Water Well Disinfected: Y	es No		
5 TYPE	OF BLANK	CASING USED:				
1 Ste		MP (SR) 5 Wr	ought 7 Fibergla	ss 9 Other (Specify b	nelow)	
O PV		, ,	bestos-Cement 8 Concrete	Tile		
Blank Casin	casing diam	neter&in. ove or below land s	Was casing pulled?	Yes No	If yes, how muc	ch 20 ′
	T PLUG MA		at cement 2 Cement grout		er NATIYE SOIL	
İ	Plug Interva		ft. to20 ft.,	<u> </u>		
What	is the neare:	st source of possib	le contamination:		_	
	eptic tank ewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (spec	ify below)
3 Watertight sewer lines			8 Sewage lagoon	13 Insecticide storage)	***************************************
	ateral lines ess Pool		9 Feedyard 10 Livestock pens	14 Abandoned water v15 Oil well/Gas well	vell	
Direc	tion from we	oll?	How many fo	eet?	•••••	
FROM	то	PLUG	GING MATERIALS	\neg		
	,,					
0'	10'	NATIVE SOL				
	12	BENTONITE				
12'	20'	BENTONITE	2*			
				-		
		1		_	\ -	
				DAMAK DREILING -	miu3	
						ĺ
CONTE	RACTOR'S	OR LANDOWNER	'S CERTIFICATION: This	water well was plugged u	inder my jurisdiction ar	nd was completed
On (mo	/ell Contracto	r's License No54	7. Uginess name ofGEOCON	This Wate	er Well Record was comple	ted on (mo/day/year)
<i>1,220,</i> by (sian	/ <i>X.Q</i> ature)	under the b	usiness name of	(NC)		
			point pen. <u>Please press firm</u>			
answers. S	Send top thr	ee copies to Kan	sas Department of Health a erWellOwner and retain one fo	and Environment, Bureau	of Water, Topeka, Kar	nsas 66620-0001.

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