			WATER WELL PLUGGING RECO	ORD Form WWC-5P KSA	.82a-1212 IDNO	•
1 LO	CATION OF V	VATER WELL:	. Fraction	Section Number	Township Number	Range Numb
County:	FILIS	· <u>-</u>	SE" NE " NE "	21	135	-
<del></del>	~~~	from nearest town o	r city street address of well if lo	cated within city?		17W
1			FROM I-70 EXITHI	•	ON VINENARD RI	Ŋ
2 WATE	ER WELL OW	NER: NATIONAL (	DOPERATIVE REFINER	I ASSOCIATION	<u> </u>	
	St. Address, E	Box #: 1391 180NH	HORSE ROAD	Board of Agriculture,	Division of Water Resources	5
City, S	late, ZIP Cod	e : MCPHERSC	N, KANSAS 6746	Application Number:		
3 MAF	RK WELL'S LO	CATION WITH	4 DEPTH OF WELL	5.6' H		
AN .	X" IN SECTION	DN BOX:	WELL'S STATIC WATER	LEVEL 11.8' H		
r	<u>N</u>					
		l X	WELL WAS USED AS:			
	N W	NE	1 Domestic 2 Irrigation	<ol> <li>Public Water Supply</li> <li>Oil Field Water Supply</li> </ol>		
w		E	3 Feedlot	7 Domestic (Lawn & C	Garden) 11 Injection	Well -
1	1		4 Industrial	8 Air Conditioning		······································
	s w ———	S E	Was a chemical / bacteriol If yes, mo/day/yr sample	ogical sample submitted	to Department?Yes	No
				,	••••••••••••	
<b>L</b>	s		Water Well Disinfected: Ye	s No		
TYPE	OF BLANK	CASING USED:	T			
 1 Ste	el 3R	MP (SR) 5 Wro	ought 7 Fiberglas	s 9 Other (Specify b	elow)	
<b>2</b> PV			estos-Cement 8 Concrete	Tile		
Blank Casin	casing diam	neterZ in.	Was casing pulled?	Yes No	If yes, how much	h <i>14.8'</i>
т	T PLUG MA			(3)Bentonite (4)Otho	er NATIVE SOLL	
_i	Plug Interva			From	t From	
	_	st source of possible			··············	
1 Septic tank				11 Fuel storage	(16) Other (speci	fy below)
2 Sewer lines 3 Watertight sewer lines			<ul><li>7 Pit privy</li><li>8 Sewage lagoon</li></ul>	12 Fertilizer storage 13 Insecticide storage		(N
4 Lateral lines		9 Feedyard	14 Abandoned water w			
5 C	ess Pool		10 Livestock pens	15 Oil well/Gas well		
Direc	tion from we	oll?	How many fe	et?		
FROM	то	PLUGG	ING MATERIALS	7		
0'	1 '	NATIVE SOIL				
1'	12'	BENTONITE		-		
12'	15.6'			-		
16	10.6	BENTONITE	<i>L</i>	-		
				-		
				DAMAR DREILING	- mw4	
İ						
CONTR	ACTOR'S	OR, LANDOWNER'	S CERTIFICATION: This wa	ater well was plugged ui	nder my jurisdiction an	d was completed
on (mo/ Water W	day/year) ell Contracto	1/10/2003	27. siness name ofGEOCOLE	and this record is true to the	ie best of my knowledge : r Well Record was complete	and belief. Kansas ed on (mo/day/year)
1/20/2	2003	under the by	siness name of	//XC.		
by (signa	ature)	John 160	9,4			
ISTRUCT	IONS: Use	typewriter or ball p	oint pen. <u>Please press firmly</u>	and print clearly. Please f	ill in blanks, underline or	circle the correct
nswers. S elephone: 7	ena top thr 785/296-356	ee copies to Kans 5. Sendone to Watei	as Department of Health ar Well Owner and retain one for	nd Environment, Bureau your records.	oi vvaler, Topeka, Kans	sas 00020-0001.

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