W	ATER WE	L PLUGGIN	IG RE	CORD		Form \	WC-5P		KSA 82a-1212	ID No	MW-1
1 LOCATIO	ON OF WATE	R WELL:	Fraction	on		W. W		T	Section Number	Township Number	Range Number
County: E	llis		NE	1/4	SE	1/4	SE	1/4	36	13	17
		from neare	st towr	or city					ated within city?		
		ictoria, Ka							-		
		R: Frank									
1		(# P.O. E							Board	of Agriculture, Division	on of Water Resources
City, State,	ZIP Code	: Victo	ria, Ka	ansas	6767	1			Applic	ation Number:	
3 "X" IN SE	CTION BOX	TON WITH A	N 4	DEPTH	OF WE	ELL		39 .	0 ft.		
	N								30.59		
				WELL'S	STATI	C WAT	ER LEVEL		ft.		
			1	WELL V							
N	iw	NE									
		1		1	Dome	estic	5 F	Public	Water Supply	Dewater	•
w	E	· · · · · ·				6 Oil Field Water Supply					
				3 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other							
s	w	SE —							•		
Was a chemical/bacteriological sample submitted to Department? Yes No X										No X	
if yes, mo/day/yr sample was submitted											
Water Well Disinfected: Yes No X											
5 TYPE OF		SING USED:									
1 Steel		3 RMP (SR)		5 Wroug	•				9 Other (s	pecify below)	
© VC 4 ABC 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 2.375 in. Was casing pulled? Yes x No If yes, how much? 14'											
Casing height above of below land surface Unknown in. Removed 3' of pipe											
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soils/Gravel											
Grout Plug Intervals From 39.0 ft. to 3.0 ft. From 3.0 ft. to 1.0 ft. From 1.0 ft. to 0.0 ft.											
Groot Flug line yalls From 3.0 π. From 3.0 π. From 1.0 π. From 1.0 π. to 0.0 π.											
What is	the nearest s	ource of poss	ible co	ntaminat	tion:						
1 Sep	tic tank		6 See	page pit			61)E	iel str	rage (former)	16 Other (specify	helow)
·				7 Pit privy				11) Fuel storage (former) 16 Other (specify below) 12 Fertilizer storage			
								nsecticide storage			
4 Late	ral lines		9 Feed	dyard			14 AI	bando	ned water well		
5 Ces	s Pool	1	0 Live	stock pe	ns		15 O	il well	Gas well		
Direction fro	m well?	N/A	<u>.</u>				How ma	anv fe	et? 0		
	то				PLUC	GING I	MATERIAL	_S			
0.0	1.0	Gra									
1.0	3.0	Soil	S								
3.0	39.0	Ben	tonit	e chips	8						
<u></u>											
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed											
on (mo/day/yr) 2/28/08 and this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr)											
3/20/08 under the business name of Quad State Services, Inc.											
by (Mik	~ 2	W/				
INSTR	UCTIONS	: Please fill	in blar	nks and	circle	the c	orrect an	swer			
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565.											
Send	one to Wat	er Well Own	ner an	d retair	one f	or you	r records	š			