CORRECTED/REVISED			WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. 00301437			
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
County: Ellis			NW 14 SW 14 SW 14	15	13 S	18 E.W.
Distance and	direction from	n nearest town or o	city street address of well if loc	ated within city?		
3000 1	. Vine,	Hays				
2 WATE	R WELL OWI	DITO.	l Engel			
1 111 t #, Ot. Address, DOX #.			N. Vine Board of Agriculture, Division of Water Resources Application Number:			
				35 ft.	r;	
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 15.13 ft.						
	N N					
			WELL WAS USED AS:			
NV NV	v 	NE —	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supply		
W		E	3 Feedlot	7 Domestic (Lawn & G 8 Air Conditioning	Sarden) 11 Injection	
			4 Industrial	· ·		
Was a chemical / bacteriological sample submitted to Department? Yes						
Water Well Disinfected: Yes NoX						
S VVater Wen Distributed. Tes						
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 diame	ter2 in.	Was casing pulled?	YesX No	If yes, how mu	ch 25' 35'
			rface n/a		Nobian	
	T PLUG MAT Plug Intervals		eat cement 2 Cement gro	ut (3)Bentonite (4)(Other Native soil	to ft
	- ,	source of possible		, 110111	,	
1 S	eptic tank		6 Seepage pit 11 Fuel storage 16 Other (specify below) 7 Pit privy 12 Fertilizer storage AST			cify below)
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 12 Fertilizer storage AST			
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens	14 Abandoned water v	well	
Direction from well?						
FROM	ТО	PL	UGGING MATERIALS			
0	3	Native so	oil			
3	20_	Bentonite	: (8")			
20	35	Bentonite	(2")	MW 5		
				KDHE #A6 (026 40205	
				GeoCore #1	250	
7 CONT	BACTOR'S	OF LANDOWNE	ER'S CERTIFICATION: This	water well was plugged	under my jurisdiction s	ind was completed on
CONTRACTOR'S OF 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						
water well defined to schedule the business name of						
						
INSTRUCTI	ONS: Use t	ypewriter or ball	point pen. <u>Please press fir</u> as Department of Health a	mly and <u>print</u> clearly. Plea	se fill in blanks, underling	e or circle the correct
St., Ste. 420), Topeka, K	ansas 66612-13	67. Telephone: 785/296-55	522. Send one to Water W	lell Owner and retain on	e for your records.