WATER WI	ELL PLUGGI	NG RECORD	Form WWC-5P	KSA 82a-1212	ID NO.		
1 LOCATI County:	ON OF WATI	ER WELL:	Fraction SW 1/4 SW 1/4 SV	Section Numbe 22	r Township Number	Range Number	er W
Distance a	and direction fro	om nearest town	n or city street address	of well if located with			
245	E 41 st St., Hay	s, KS 67601			•		
2 WATER WELL OWNER: Rita Pfeifer Global Positioning System (decimal degrees, min. of 4 digits) Latitude: NA							
RR#, St. A	Address, Box #	: 245 E 41 st St.		Longitude: NA Elevation: PIN: 2056.14, TOC: 2055.80			
City, State	e, ZIP Code: Ha	ays, KS 67601		Datum: Feet above mean sea level Data Collection Method: Legal Survey			
3 MARK V	VELL'S LOCA	ATON	4 DEPTH OF WE		ft.		
WITH A BOX:	N "X" IN SEC	TION	MW5R WELL'S STATIC WATER LEVEL 19.50 ft.				
	N		WELL WAS USED AS:				
	1		1 Domestic 5 Public Water Supply 9 Dewatering				
	NW-NE	\neg	2 Irrigation 6 Oil Field Water Supply 10 Monitoring 7 Domestic (Lawn & Garden) 11 Injection Well				
w		─ E					
	SW SE	-	4 Industrial 8 Air Conditioning 12 Other				
	x s		Was a chemical/bacteriological sample submitted to Department? YesNo _X				
5 TYPE OF	BLANK CAS	ING USED:	1				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)							
②PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much 5 ft. Casing height above or below land surface 4.08 in. below							
			t cement 2 Cemen		e Other Soil	/Gravel 0-1.2 ft.	
Grout Plug	Intervals: Fr	rom 1.2	ft. to 27.2 ft.,	From ft. to	ft., From	ft. to	ft.
What is the	negreet course	of possible cor	stamination:				
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit (11) Fuel storage 16 Other (specify below)							
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 l		8 Sewage lag 9 Feedyard			ection from well?		
5 Cess poo		10 Livestock			w many feet?		
FROM	ТО	PLUGGING I		FROM TO	PLUGGING N	MATERIALS	
1.2	27.2	Soil/C Bent					
1.2	21.2	Deno	Onic				
						. 1	
	ACTOR'S OR n (mo/day/year)				was plugged under my ju t of my knowledge and b		r
	ctor's License N			Well Record was com	pleted on (mo/day/year)		
	ne of <u>Larsen</u>		s, Inc.	by (signature)			<u> </u>
INSTRUCT	IONS: Please	fill in blanks or	r circle the correct ans	wers. Send top three	copies to Kansas Departi	nent of Health and	
785/296-552	t, Bureau of Wa 2. Send one to	water Well Ov	ection, 1000 SW Jack wner and retain one fo	son St., Ste. 420, 10pe or your records. Visit t	eka, Kansas 66612-1367. is at http://www.kdheks.	gov/waterwell.	