| W | ATER WE | ELL PLU | GGING I | G RECORD Form WWC-5P | | | | | KSA 82e-1212 | ID No. SVE-3 | | |
|--|--------------|--|-----------------|--|-------------|-------------|----------|--|---------------------------|-----------------------|--------------|-----------------------|
| 1 LOCATIO | | | | | | | | | Section Number | Township Num | ber | Range Number |
| County: | El | lis | | NE | 1/4 | SE | 1/4 S | SE 1/4 | 33 | 13 S | | 18 W |
| Distance a | nd directio | n from n | earest to | זם האים | city : | street ac | kdrees o | f well if k | cated within city? | | | |
| | ., | | , , , , , , | | and V | ine, Hays | , KS | | | | | |
| 2 WATER | | | | alk | | | | | D | a S A malay diyan. Di | lulalaa i | |
| RR#, St. A City, State | 710 0 4 | Havs | KS 67601 | Board of Agriculture, Division of Water Resource Application Number: | | | | | | | | of Yvater Resources |
| MARK W | ELL'S LOC | W NOTA: | THAN | | | | 1 | 5.2 | | ARCOLL LACITUDES. | | |
| 3 "X" IN SE | CTION BO | X: | Ľ | | PTHO | JF WELL | | 0.Z | | | | |
| x | N | | _ | WELL'S STATIC WATER LEVEL dry n. | | | | | | | | |
| | | | 7 | | | | | | | | | |
| WELL WAS USED AS: | | | | | | | | | | | | |
| | ··· | NE | 1 | | | Domestic | | R Dubl | lic Water Supply | to the | watering | • |
| w | | | E | 2 Irrigation 6 OII | | | | field Water Supply | | nitoring | | |
| " | | | | | | Feediot | | 7 Law | n and Garden (domesi | ic) 11 inje | ection W | ell |
| | | | | | 4 | Industria | ıl | 8 Air C | Conditioning | (12) O H | 1 0 r | Soil Vapor Extraction |
| Was a chemical/becteriological sample submitted to Department? | | | | | | | | |) | | | |
| If yes, mo/day/yr sample was submitted | | | | | | | | | | | | |
| Water Well Disinfected: Yes No | | | | | | | | | | | | |
| 5 TYPE OF | | ASING U | RED: | | · | | | | | | | |
| 1 Steel | | 3 RMP | | 5 W | hough | nt | 7 F | bergiase | 9 Other (| pacify below) | | |
| 2 PVC | | 4 ABC | | 6 A | sbeets | os-Ceme | nt 8 (| concrete T | řile | | | |
| Blank cas | sing diameti | ar <u>.</u> | I n. | Wes | casin | g pulled? | Yes | N | ille o X If yes, how n | Huch | | |
| Casing he | eight above | or below | iand surfi | ace | | | ln. | | | | | |
| 6 GBOLT | PLUG MA | TERIAL . | 1 Nant | cement | 2 | Cement | arout | (3)Be | ntonite 4 Oth | | | |
| | | | | | | | | _ | | | | |
| Grout Plug Intervals From 0 ft. to 15.2 ft. From ft. to ft. From ft. to ft. | | | | | | | | | | | | |
| What is | the nearest | source d | poesible | contan | ninatio | on: | | | | | | |
| A Chardle South | | | | | | | | (A) E 1 m l | 10000 | 16 Other (sp | عط مقتصم | tenan |
| - | | | | 6 Seepage pit | | | | (11) Fuel storage 12 Fertilizer storage | | | | |
| | | | | 7 Pit privy 8 Sewage legoon | | | | 13 Insecticide storage | | | · • • • • | A |
| _ | | | | 9 Feedyard | | | | 14 Abandoned water well | | | | |
| | s Pool | | | Nestoc | | 8 | | 15 Oil w | e¥ Gas well | | | |
| Charatian des | | | | | • | | u | ow magy : | feet? | | | |
| Direction fro | | | | | | | | | | | | |
| FROM | TO | CODE | | | | PLUGGI | NG MAT | ERIALS | | | | |
| 0 | 1 | | conci | rete | | | | | | | | |
| 1 | 15.2 | | 7 | Bentonite chips | | | | | | | | |
| | | | The | e ring remains, completion is | | | | | s concreted | | | |
| | ., | | | in. KDHE approved this m | | | | | | | | |
| III. Not in approved this method | | | | | | | | | | | | |
| | | | | | | ***** | | | | | | |
| | | - | | | | | | | | | | |
| | | <u> </u> | L | | | | | | | | | |
| 7 CON | TRACTOR | S OR LA | NDOWN | ER'S C | ERTI | FICATIO | N: This | water wel | i was plugged under | my jurisdiction and | was co | mpieted |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 3/30/17 and this record is true to the best of my knowledge and belief. Kanasa | | | | | | | | | | | | |
| Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) | | | | | | | | | | | | |
| 4/10/17 under the huntrees name of / Bluestem Environmental Engineering Inc. | | | | | | | | | | | | |
| by (algneture) Wilder | | | | | | | | | | | | |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and | | | | | | | | | | | | |
| | | | | | | | | | ľopeka, Kansas 66 | | | |
| | one to Wi | | | | | | | | | - | | |