,	WAIER WE	ELL PLUG	GING RECORD	Form vvvv	C-5P	KSA 82a-1212	ID No	Well #	48
1 LOCAT	ION OF WA	TER WELL:	Fraction			Section Number	Township	Number	Range Number
County:	Ellis		NW 1/4	NW 1/4 I	NE 1/4	8	13	5	20 W
Distance	and direction	on from nea	arest town or city s						
			Taylor						
	R WELL OWN		ty of Elli						
	Address, Bo		.5 Jefferso						of Water Resources
City, State	e, ZIP Code	: E1	lis, Kansa	ıs 67637		Applica	ation Numbe	er:	
3 "X" IN S	WELL'S LOC SECTION BO N	X;	4 DEPTH C	F WELL	47'6"	ft.			
× г	ı İx		WELL'S S	STATIC WATER L	EVEL1	.2'7'' ft.			
	NW	NE	WELL WA	AS USED AS:					
	i 1	į				Water Supply		Dewaterin	•
w	<u> </u>		- 1	Irrigation					
- 1	į	į		Feedlot Industrial		and Garden (domestic Inditioning		Injection V	
	! sw	_ SE				•			
	i	i :				mitted to Department		N	loXX
		i							
	S		Water Well Dis	sinfected: Ye	s XX	No			
TYPE C	E BLANK C	ASING USE	D:						
Stee		3 RMP (S		t 7 Fi			pecify below)		
2 PVC		4 ABC	6 Asbesto	s-Cement 8 C	oncrete Tile	lf yes, how mu		<u></u>	
					XX No	If yes, how mu	ich 3. BG	<u> </u>	
Casing h	neight above	or below lar	nd surface	36" in.					
GPOU	T DI LIG MAT	ΓΕΡΙΔΙ· 1	Neat cement (2)	Sement grout	3 Bent	onite 4 Other	r		
									i
Grout F	Plug Intervals	From	25 ft. to	3 ft. From		ft. to	ft. From		ft. toft.
What is	the nearest	source of p	ossible contaminatio	n:					
***********		осилов ол р					<u>~</u>		
1 Septic tank			6 Seepage pit		11 Fuel storage		16 Other (specify below)		
2 Sewer lines			7 Pit privy		12 Fertilizer storage		None	.Known	
3 Watertight sewer lines			8 Sewage lagoor		13 Insecticide storage				
4 Lateral lines 5 Cess Pool			9 Feedyard		14 Abandoned water well 15 Oil well/ Gas well				
5 Ce	SS P001		10 Livestock pens	•	15 Oil Well/	Gas weil			
	om well?					et?			
FROM	то	CODE		PLUGGING MATE	RIALS				
47'6			Clorinate	d Sand					
25 '	3'	3' Cement Grout		out					
3'	0'		Topsoil						
		-							
CON	ITRACTOR'S	S OR LAND	OWNER'S CERTIF	ICATION: This w	ater well v	vas plugged under m	v jurisdiction	and was co	mpleted
			ber 15, 20	~ ~		cord is true to the b			
•	er Well Con			02		This Water Well F	•	•	
vvale	ei AAGII COL	iliacioi S Li			f. T-	•		•	` ','
 b	(oignot)		unider the bl	Touriess manue of	i_a;				
	(signature)	/	francis.	WKela					
INST	RUCTIONS	S: Please	fill in blanks and c	ircle the correc	t answers	Send three copi	es to Kansa	s Departm	nent of Health and
-nvir			vater, 1000 S W J			peka, Kansas 6662	20-0001. Te	elepnone:	785-296-3565.