	ATER WELL PLUGGING RE	CORD FORM WWC				
1	LOCATION OF WATER WELL: County:	Fraction  1/4 NE 1/4 NE 1/4	Section Number	Township Number	Range Number EAW	
	Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: David Vitztum  Global Positioning Systems (decimal degrees, min. of 4 digits  Latitude:						
2	WATER WELL OWNER: David Vitztum		Global Positioning Systems (decimal degrees, min. of 4 digits Latitude:			
	RR#, St. Address, Box #: PO BOX 642 City, State ZIP Code: Hays, Ks. 6760		Longitude: Elevation:			
			Datum: Data Collection Method:			
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 65 ft.						
	WITH AN "X" IN SECTION BOX:	AN "X" IN SECTION  WELL'S STATIC WATER LEVELft				
	N	WELL WAS USED AS	· ·			
	NW NE					
		1 Domestic 2 Irrigation	5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring		ering oring	
W	E	3 Feedlot	7 Domestic (Lawn & Garden) 11 Injection Well			
	SW SE 4 Industrial 8 Air Conditioning 12 Other					
	Was a chemical/bacteriological sample submitted to Department? YesNo					
5	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 diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in.						
6	6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
	Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.					
	What is the nearest source of possible contamination:					
	1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below)					
	2 Sewer lines 7 Pit privy 12 Fertilizer storage					
	4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?					
	5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?					
			FROM TO	PLUGGING MAT	ΓERIALS	
		ONITE				
		· - 1 57 151	I Free we	=100		
	-6 0 CEMENT LEVEL OF EXISTING FLOOR					
7 CONTRACTOR'S OR 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 This Water Well Record was completed on (mo/day/year) under the						
business name of hy (signature)						
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blacks, underline or circle the						
correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW						
Jac	kson St., Ste. 420, Topeka, Kansas 666	12-1367. Telephone: 785/29	96-5522. Send one to W	ater Well Owner and re	etain one for your	
records. Visit us at http://www.kdheks.gov/geo/waterwells.						