W	ATER W	ELL PL	UGGING	RECORD	Form W	VC-5P	KSA 82	a-1212 ID	NO.	AS	1	
1	LOCATIO	OF WAT	ER WELL:	Fraction		Section	n Number	Township Nur	mber	Range Nu		
-	County:		TWE Location	SE 1/SW if unknown, di			Ansitioning	T /4 ( Systems (GPS) i			□ E dZ] W	
	direction fro	m nearest t		tion: If at owne		Global Positioning Systems (GPS) information:  Latitude: 38 50 56 N (in decimal degrees)						
	check here	0 50	21 Na	noth San	ute FF	Longitude: 97° 36′ 34″ W (in decimal degrees) Elevation: 1222′						
				S 6		Datum:						
—		OF 17	NAK	<u>s</u>			Collection Method:					
2										16		
	City State 7ID Codes										_	
	-0/										l > 15 m	
3	MARK WI WITH AN	ELL'S LC	OCATION ECTION	4 DEPTH OF WELL 50/ ft.								
	BOX:		ECHON	WELL'S STATIC WATER LEVEL 30' ft								
	Г	N		WELL WAS USED AS:								
	∟ NW		NE -	П Доп	nestic [	Public V	Water Suppl	lv 🗀	Dewate	ring		
	Irrigation Oil Field Water Supply Monitoring											
W	W Feedlot Domestic (Lawn & Garden) Injection Well Sw Other											
	- ST - SE -											
				Was a cl	nemical/bacter	iological sar	nple submit	ted to Departme	nt? Ye	s N	∘ ≰Z]	
5	5 TYPE OF BLANK CASING USED:											
	Steel RMP (SR) Wrought Fiberglass Other (Specify below)  Asbestos-Cement Concrete Tile											
	Blank casing diameter											
Casing height above or below land surface in.												
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Class H/												
	Grout Plug Intervals: From O'ft. to 5 ft., From ft. to ft., From ft. to ft.											
	What is the	nearest so	arce of possib	le contaminati	on:							
	Septic	ank	☐ S	eepage pit	Fuel s		<b>M</b>	Other (specify be	low)			
	Sewer			t privy		zer storage		NA				
	Watertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feedyard Abandoned water well Direction from well?											
Cess pool Livestock pens Oil well/Gas well How many feet?												
	FROM	ТО	PLUG	GING MATE	PIAIS	FROM	ТО	PLUGG	ING M	IATERIAI	•	
	O'	5'		Silica		1 KOW	10	11.000	TI4O IV	IN I ERIAL		
			GN		. 10010							
	5'	501	SAN									
7 4	CONTRACT	OP'S O	D I ANDOU	NEDIC CER	TIEICATIO	N. This	ater well	as plugged und	ler mi	ingiadiati -	n and 1	
	pleted on (m		r) _ & / &	7/2014	and this rec	ord is true t	o the best of	of my knowledg	ge and t	jursuicuo bęlief. <sub>/</sub> Ka	nsas Water	
Well Contractor's License No. 1793 . This Water Well Record was completed on (mo/day) very 12/14 under the												
business name of Canony Pump Service by (signature) by (many)												
								Please fill in blan				
correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW												
Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html.												

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