WATER WELL PLUGGING RECORD Form WWC-5P SAS 82=1212 DNO.	w	ATED U	VELL DI	UCCINC	DECODD	Form W	WC-5P	WCA 91) 1212 IN	NO	SVE 3	
Street RMP (SR) WELL'S STATIC WATER LEVEL 30 / n. Steet Impairs Mark Casing diameter May See May S	1		ON OF WAT	ER WELL:	Fraction						Range Number	
Latitude: 38	<u> </u>											
check here							Latitude:	Latitude: 38° 50′ 56″ N (in decimal degrees)				
WATER WELL OWNER: MATA DOA CATIJE CORRESS OF WATER CONTROL CONTROL CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (moldaylycan) S Class H Server lines Serve		shook home [7]						Longitude: 97 36 34 W (in decimal degrees)				
WATER WELL OWNER: MATA DAY CATILE CORP. Content of the property of the pro			_ 50									
RRR, St. Address, Box #: 4 1	l —	SATINA KS 61401						Collection Method:				
RRM, St. Address, Box #: 4 11 6 371X	2											
ABARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 30		RR#, St. Address, Box #: 4111										
WELL'S STATIC WATER LEVEL		City, State ZIP Code: W. Cl. +A KS 67220 Est. Accuracy: $\square < 3 \text{ m}$, $\square 3-5 \text{ m}$, $\square 5-15 \text{ m}$, $\square > 15 \text{ m}$										
WELL'S STATIC WATER LEVEL 3 ft WELL WAS USED AS: WELL WAS USED AS: WELL WAS USED AS: Domestic (Lawn & Garden) Direction Well Other (Specify below) Sw SE	3	MARK WELL'S LOCATION 4 DEPTH OF WELL 30/ ft.										
WELL WAS USED AS: WELL WAS USED AS: Domestic Public Water Supply Oil Field Water Supply Domestic Lavn & Garden Air Conditioning Injection Well Other		WITH AN "X" IN SECTION										
NW		N										
Sw SE												
Second Domestic (Lawn & Garden) Injection Well Other Sw St. Was a chemical/bacteriological sample submitted to Department? Yes No St. No No No No No No No N		Domestic Labore water Supply Laborate Ing										
Was a chemical/bacteriological sample submitted to Department? Yes No S TYPE OF BLANK CASING USED: Steel	W	W E Feedlot Domestic (Lawn & Garden) Injection Well										
Steel RMP (SR) Wrought Fiberglass Other (Specify below)		SW SE Industrial LI Air Conditioning LI Other										
Steel		Was a chemical/bacteriological sample submitted to Department? Yes No										
Steel	5	S TYPE OF REANK CASING USED:										
Blank casing diameter \(\frac{4}{\text{in.}} \) Was casing pulled? Yes \(\frac{1}{\text{No}} \) If yes, how much \(\frac{5}{\text{sing height above or below land surface of in.}} \) 6 GROUT PLUG MATERIAL: \(\frac{1}{\text{Neat cement}} \) Neat cement \(\frac{1}{\text{Cement grout}} \) Bentonite \(\frac{1}{\text{Other}} \) Other \(\frac{5}{\text{Lica}} \) Flow \(\frac{1}{\text{Cov}} \) Grout Plug Intervals: \(\frac{1}{\text{From}} \) O' ft. to \(\frac{5}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) From \(\frac{1}{\text{ft.}} \) ft. to \(\frac{1}{\text{ft.}} \) ft. to \(\frac{1}{\text{ft.}} \) ft. \(\frac{1}{\text{Cov}} \) Grout Plug Intervals: \(\frac{1}{\text{From}} \) O' ft. to \(\frac{5}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) From \(\frac{1}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) Grout Plug Intervals: \(\frac{1}{\text{From}} \) Form \(\frac{1}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) Grout Plug Intervals: \(\frac{5}{\text{From}} \) Form \(\frac{1}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) From \(\frac{1}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) ft. \(\frac{5}{\text{ft.}} \) From \(\frac{1}{\text{ft.}} \) Ghow \(\frac{1}{\text{PlugGING MATERIALS}} \) From \(\frac{1}{\text{Other}} \) O' \(\frac{5}{\text{Cox}} \) Flow \(\frac{1}{\text{Grout Materials}} \) From \(\frac{1}{\text{Other}} \) O' \(\frac{5}{\text{Cox}} \) Flow \(\frac{1}{\text{Grout Materials}} \) From \(\frac{1}{\text{Other}} \) O' \(\frac{5}{\text{Cox}} \) Flow \(\frac{1}{\text{Grout Materials}} \) From \(\frac{1}{\text{Other}} \) O' \(\frac{5}{\text{Cox}} \) Flow \(\frac{1}{\text{Grout Materials}} \) From \(\frac{1}{\text{Other}} \) O' \(\frac{5}{\text{Cox}} \) From \(\frac{1}{\text{Grout Materials}} \) From \(\frac{1}{\text{Other}} \) O' \(\frac{5}{\text{Cox}} \) From \(\frac{1}{\text{Cox}} \) O' \(\frac{5}{\text{Cox}} \) From \(\frac{1}{\text{Cox}} \	3											
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Casing height above or below land surface O' in. GROUT PLUG MATERIAL:												
Grout Plug Intervals: From O' ft. to 5 ft., From ft. to ft., From ft. to ft., From ft. to ft.												
Grout Plug Intervals: From 6 ft. to 5 ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well How many feet? FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS O' 5' CLACS H SILCA Flour. 5' 30' SANO 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8 (5/30) If and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License, No. 742 This Water Well Record was completed on (mo/day/year) Instructions: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fix in blanks, underfine or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW		Casing height above or below land surface in.										
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Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your	corre	ect answers	. Send top	three copies t	o Kansas Depa	rtment of Hea	lth and Envi	ronment, B	ureau of Water,	Geolog	y Section, 1000 SW	
records. Visit us at http://www.kdheks.gov/waterwell/index.html.												

