WATER WELL PLUGGING REC	CORD Form WWO				
1 LOCATION OF WATER WELL: County:	Fraction	Section Number 3 6		Range Number	
County: Ellis Nw 1/4 Sw 1/4 Nw 1/4 3 6 17 Ex 17 Ex 17 Ex 17 Ex 17 Ex 18					
1518 SARRADU ST					
1518 SAMPHOU ST 2 WATER WELL OWNER: MACRETA PARSONS		Global Positioning Systems (decimal degrees, min. of 4 digits Latitude:			
RR#, St. Address, Box #: 1518 SArrAtoust City, State ZIP Code: PfeiFer Ks 47640		Longitude:			
		Datum: Data Collection Method:			
0		1			
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF WELL 19 ft. WELL'S STATIC WATER LEVEL 2 ft					
BOX:	N				
NW NE	WELL WAS USED AS:				
]	Domestic 5 Public Water Supply 9 Dewatering				
W E		6 Oil Field Water Supply 10 Monitoring 7 Domestic (Lawn & Garden) 11 Injection Well			
sw se	4 Industrial	7 Domestic (Lawn & Garden) 11 Injection Well 8 Air Conditioning 12 Other			
Was a chemical/bacteriological sample submitted to Department? YesNo					
S 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 34 in. Was casing pulled? Yes Y No If yes, how much Casing height above or below land surface 46 in.					
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					
2 What is he served lines Q Coverge legger 12 Ingestigate storage					
4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well?					
5 Cess pool 10 Livestoo	ck pens 15 Oil well/6	as well How	many feet?		
	NG MATERIALS	FROM TO	PLUGGING M	ATERIALS	
19 5 Clayare	oc K				
5 442 benton	U176		HAND dug	well	
442 O Clay			V		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3.12-12 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) This Water Well Record was completed on (mo/day/year)					
business name of by (signature)					
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW					
correct answers. Send top three copies to Ka	ansas Department of Heal	th and Environment, I	Bureau of Water, Geology	Section, 1000 SW	