	10047	101 05 144			Paralla	Ozation	Nombre	Taurahia	Number	Dongo	Number	
1 LOCATION OF WATER WELL:				Fraction	Section	Number	Township	Number	Range	Number		
					SW14 SW 14 NW14		34	17		18	E(W)	
Distance and direction from nearest town or city street address of well if located within city? E SVE well, E trench, Schaffer Oil, LaCrosse												
2 WATER WELL OWNER: SCHAFFER OIL COMPANY												
RR #, St. Address, Box #: 1022 Main Street City, State, ZIP Code : LaCrosse, KS 67548 Application Number:												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF WELL 10 ft.							
					WELL'S STATIC WATER LEVELΩ ft.							
					WELL WAS USED AS:							
	NW	/ 	NE		1 Domestic		Water Supply		9 Dewateri			
٠.,	X	İ	.	_	2 Irrigation 3 Feedlot	7 Dome	eld Water Supp estic (Lawn & G	arden)	11 Injection	Well	_	
w				Ε	4 Industrial	8 Air Co	onditioning		Other ∴	por extraction		
SW SE Was a chemical / bacteriological sample submitted to Department? Yes								· 1	No			
					If yes, mo/day/yr sample was submitted							
		S			Water Well Disinfected: Ye	95 No) X					
5	5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)												
● PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter4 in. Was casing pulled? Yes												
CROUT BUILD MATERIAL. 1 Next comput. 12 Comput crout. A Pontanito. 14 Other												
Grout Plug Intervals: From												
What is the nearest source of possible contamination:												
1 Septic tank 2 Sewer lines					6 Seepage pit 7 Pit privy		11 Fuel storage 16 Other (specify below) 12 Fertilizer storage					
3 Watertight sewer lines				8 Sewage lagoon	13 Inse	13 Insecticide storage 14 Abandoned water well						
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens		ndoned water v vell/Gas well	well						
Direction from well? How many feet?												
FROM TO PLUGGING MATERIALS												
	0 3 Bentonite (8")			3")			SVE2					
	3 10 Bentonite (2")				-							
							KDHE #U6 08	3 10617				
_												
7	(mo/da	v/vear)			R'S CERTIFICATION: This 10/11/2007	and thi	s record is true	e to the best o	f my knowle	dge and beli	ef. Kansas	
Water Well Contractor's License No												
					le C							
	STRUCTION	ONS: Use ty	pewriter or b	ali	point pen. Please press firm	nly and print	clearly. Pleas	se fill in blant	s, underlin	e or circle th	ne correct	
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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 Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.												

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.__