WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.									
County	Rush	WATER WELL:	Fraction SW 1/4 NW 1/4 SV	V 1/4	Section Number 34	1	p Number 7S	Range Number 18W	
Distance and direction from nearest town or city street address of well if located within city?									
621 Main St, La Crosse, KS									
2 WATER WELL OWNER: KDHE Global Positioning System (decimal degrees, min. of 4 digits)									
RR#, St. Address, Box #: 1000 SW Jackson					Latitude: NA Longitude: NA				
				E	Elevation: NA				
C	city, State,	ZIP Code: Topeka, K	S 66612		Datum: NA Data Collection M	lethod: N	Λ		
3 MARK	WELL'S	LOCATON	4 DEPTH OF WELL 19.25 ft. MW4						
WITH		N SECTION							
BOX:			WELL'S STATIC WATER LEVEL NA ft.						
		N	WELL WAS USED AS:						
	⊢ww-	T NE	1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply (10) Monitoring						
v	۷ 	 	3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well						
	x·sw-	+ se -	4 Industrial 8 Air Conditioning 12 Other						
	<u> </u>	s ·	Was a chemical/bacteriological sample submitted to Department? YesNo X						
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)									
2PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile									
Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much 3 ft									
Casing height above or below land surface NA in.									
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3Bentonite 4 Other Soil: 0-3ft									
Grout Plug Intervals: From 3 ft. to 19.25 ft., From ft. to ft., From ft. 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 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide 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	ТО	PLUGGING N	MATERIALS	FROM	OT	PLU	JGGING MA	ATERIALS	
0	3		Soil						
3	19.25	Bento	nite				1071	AAAA AAAA AAAA AAAA AAAA AAAA AAAA AAAA AAAA	
7 CONTRACTORS OF LANDOWNERS CERTIFICATION. This water well was a living disting and									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/11/13 and this record is true to the best of my knowledge and belief. Kansas Water									
Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 1/16/13 under the									
business name of Larsen and Associates, Inc. by (signature) INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and									
INSTRUC'	TIONS: I	Please fill in blanks or	circle the correct answerion, 1000 SW Jacks	vers. S	Send top three co	to Kans	as Departme	ent of Health and	
Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kartas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell.									